

WED OCT 23 1940 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32592
Do not use this space.

1. PLACE OF DEATH
(a) County Monticau Registration District No. 571
(b) Township Wablers Primary Registration District No. 4335
(c) City California (d) Street No. _____ Registered No. 49
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Helen Viola Sansbury (SANSBURY)
(a) Residence, No. California St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Sansbury
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29-1918
7. AGE YEARS 22 MONTHS _____ DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Pants factory
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 8-27-40 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo
13. NAME Villard Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co Mo
15. MAIDEN NAME Ada Toler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co Mo
17. INFORMANT (ADDRESS) Joe Sansbury California Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Spring DATE 9/29
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Lewis & Friedman California Mo
20. FILED 10-3-40 H.R. Popejoy local registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-1940
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____.
I last saw h. _____ alive on never, 19____. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
accidently struck by train No 11 at R.R. crossing on high in California Mo
Date of onset Sudden
Other contributory causes of importance: _____
Name of operation None Date of _____
What test confirmed diagnosis? view Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9-27, 1940
Where did injury occur? California Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury R.R. Accident - At Crossing
Nature of injury Struck by train No 11
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) H.R. Popejoy (Coroner), M.D.
Address California Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

6078-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed H. E. Williams
Licensed Embalmer No. 3537
P. O. Address California 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **32092**

Registration District No. **571**

Primary Registration District No. **4335**

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Monteau**
(b) City or town **California**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ years, months or days) (Specify whether

3. (a) PRINT FULL NAME **Helen Viola Sansbury**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **22** Months _____ Days **29** If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **10-3-40** (b) **J.P. Popeye** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Monteau**
(c) City or town **California MO**
(If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

DEATH CERTIFICATION

20. DATE OF DEATH: Month **9** day **27** year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **accidentally struck by train on high at California MO**
Due to _____

Due to **Auto + Train accident**
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **acc**

(b) Date of occurrence **9-27-1940**

(c) Where did injury occur **California MO** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (r) Means of injury _____

23. Signature **J.P. Popeye** (M. D. or other) _____

Address **California MO** Date signed **10-3-40**

SUPPLEMENTARY

