

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 Monteau Registration District No. 571
 (b) Township Wabers Primary Registration District No. 4335
 or California (c) City California (d) Street No. _____ St.
 (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)

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.

OCCUPATION
 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

FATHER
 13. NAME Villard Hill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co Mo

MOTHER
 15. MAIDEN NAME Ada Toler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co Mo

17. INFORMANT (ADDRESS) Joe Sansbury California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Spring DATE 9/29 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Lewis & Freedman 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 _____, 19____. Death is said to have occurred on the date stated above, at _____ 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 st. in California Mo
 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. Resident - 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.

5079-

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

State File No. **32092**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **5-71**

Primary Registration District No. **4335**

Registrar's No. _____

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)

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 **W**

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)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **10-3-40** (b) **J.R. Popejoy** (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.

MEDICAL 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 him _____ 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**
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) (c) Means of injury _____

23. Signature **J.R. Popejoy coroner** (M. D. or other)
Address **California MO** Date signed **10-3-40**

SUPPLEMENTARY

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

