S. No. 2
—4-13-40
. 5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10151

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 353

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Meth. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ Hours (Specify whether

In this community 40 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 5807 King Hill Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME JACK SANDUSKY

3. (b) If veteran, name war World

3. (c) Social Security No. none

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Sandusky

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Sept. (Month) 3rd. (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
44	6	24	hr. min.

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

10. Usual occupation Insurance Agent

11. Industry or business Insurance

FATHER
12. Name O.A.Sandusky
13. Birthplace unknown (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Mabel Mathews
15. Birthplace Hiawatha (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mrs. Mary Sandusky

(b) Address 5807 KingHill Ave. St. Joseph

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 --31-41 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo. 85

19. (a) Mar. 31, 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1941 hour 10 minute 37 A.M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Mar 27, 1941, to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by Fire arms 38 Caliber pistol wound through the head.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

164

Major findings: Of operations

Of autopsy Sub-dural hemorrhage skull fracture and brain wound

Duration

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) Suicide

(b) Date of occurrence Mar. 27, 1941

(c) Where did injury occur? (2 mi no. of St. Joseph) Andrew Co. (City or town) (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Club House (Specify type of place) Suicide by fire arms

While at work? no (e) Means of injury

23. Signature H F Mundy (M. D. or other) Coroner

Address 404 So 3d Date signed 3/29/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 Myself, Registered Apprentice No. ..... working under my personal supervision.

Signed Geo. C. Daniel

Licensed Embalmer No. 3350

P. O. Address St Joseph Mo

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, fact should be so stated above.