

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19641 17344
State File No.

Registration District No. 86

Primary Registration District No. 5128

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Buchanan Co. Mo.
(b) City or town Halls Mo. R.F.D. #1
(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

Mary Jane Sandusky

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

Wm. J. Sandusky

6. (c) Age of husband or wife if

alive _____ years
(Day) (Year)

7. Birth date of deceased

Jan 28 1857
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

84

4

5

hr. min.

9. Birthplace

Buchanan Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation

House Wife

11. Industry or business

12. Name Elbert Mass

13. Birthplace Green Co Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Miss E. Babb

15. Birthplace Green Co Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant S. L. Lewis

(b) Address De Kalb. Mo.

17. (a) Burial

(b) Date thereof May 6 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Buried

18. (a) Signature of funeral director Mr. E. R. Sweeney

(b) Address 602 South 10th Street

19. (a) May 9/41

(b) Ch. Davis
(Date reported local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan
(c) City or town Halls Mo. R.F.D. #1
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3d
year 1941 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from on May 4 1941 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

Cerebral Hemorrhage
General Arteriosclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) (e) Means of injury _____
23. Signature H. F. Mundy (M. D. or other) Coroner
Address 404 So 3rd Date signed 5/4/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.

P.O. Address.....

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.