

FILED OCT 27 1941  
Registration District No. **328**

Primary Registration District No. **3017**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH: *Grundy*  
(a) County \_\_\_\_\_  
(b) City or town *Frontenac Mo*  
(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 *24 yrs*  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State *Missouri* (b) County *Grundy*  
(c) City or town *Frontenac 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.

3. (a) PRINT FULL NAME *Rosalie Sankey*  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. *none*

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month *8* day *12*  
year *1941* hour *1:30* minute *am* M.

4. Sex *female* 5. Color or race *white*  
6. (a) Single, widowed, married, divorced *single*  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

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.

7. Birth date of deceased: *Oct* (Month) *4* (Day) *1917* (Year)  
8. AGE: Years *22* Months *10* Days *8* If less than one day hr. \_\_\_\_\_ min.

Immediate cause of death *fractured skull and brain injury*  
Due to *Injuries sustained in automobile accident*  
Due to \_\_\_\_\_

9. Birthplace *Frontenac Mo* (City, town, or county) (State or foreign country)  
10. Usual occupation *Student*

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name *D.B. Sankey*  
13. Birthplace *Iowa* (City, town, or county) (State or foreign country)  
14. Maiden name *Bertha Effinger*  
15. Birthplace *Ohio* (City, town, or county) (State or foreign country)

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

16. (a) Informant *D.B. Sankey*  
(b) Address *Frontenac Mo*  
17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof *8-14-41* (Month) (Day) (Year)  
(c) Place: burial or cremation *Massou Cemetery*  
18. (a) Signature of funeral director *Chas. H. Sporn*  
(b) Address *Frontenac Mo.*  
19. (a) *8-14-41* (Date received local registrar) (b) *Irene D. Fair* (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) *Accident*  
(b) Date of occurrence *8-12-41 1:30 am*  
(c) Where did injury occur? *City Frontenac Mo* (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? *no*  
While at work? *no* (Specify type of place) (e) Means of injury *Auto Accident*  
23. Signature *Wm A. Jordan - coroner* (M. D. or other) *W.D.*  
Address *Frontenac Mo* Date signed *8-22-41*

STATE OF MISSISSIPPI

**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.....

*Charles H. Young*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Charles H. Young*.....

Licensed Embalmer No. *3109*

P. O. Address *Newton MS*

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34999**  
Registrar's No. ....

Registration District No. **528**

Primary Registration District No. **3017**

1. PLACE OF DEATH:  
(a) County **Grundy**  
(b) City or town **Trenton**  
(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)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... (b) County.....  
(c) City or town.....  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Rosalie Sankey**  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Aug** 1941, year **1941**, hour **9:30**, minute **30**, M.  
21. I hereby certify that I attended the deceased from.....  
that I last saw him.....  
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **S**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **Oct 4 1918**  
(Month) (Day) (Year)

Immediate cause of death **Skull + brain injury**  
Due to **injury sustained in auto. wreck**  
Due to **The deceased was driving the car into a telephone pole at the side of the street**  
Other conditions **fracture of skull**  
Major findings of operations **fracture of skull**  
of autopsy **the car and killing the driver**

8. AGE: Years **23** Months **10** Days **10** (If less than one day min.)  
9. Birthplace..... (City, town, or county) (State or foreign country)  
10. Usual occupation.....  
11. Industry of business.....  
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)

PHYSICIAN  
Underline the cause to which death should be charged.  
**Accident**

16. (a) Informant..... (b) Address.....  
17. (a) (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)  
(c) Place: burial or cremation.....  
18. (a) Signature of funeral director..... (b) Address.....  
19. (a) (Date received local registrar) (b) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident**  
(b) Date of occurrence **Aug 12 - 1941**  
(c) Where did injury occur? **on street** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? **no** (Specify type of place) (e) Means of injury.....  
23. Signature **W. A. Zinson** (M. D. or other).....  
Address **1 Pearson** Date signed **8-9-41**

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

**SUPPLEMENTARY**

MOTHER, FATHER

