DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37630

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 515 Pearl (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) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 44
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 515 Pearl (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank W. Sansom
3. (b) If veteran, name war Spanish-Amer
3. (c) Social Security No. 496-20-0377
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna Lewis Sansom
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased September (Month) 24 (Day), 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	2	8	hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation Civil Engineer
11. Industry or business Missouri State Highway Dpt.
FATHER
12. Name Green L. Sansom
13. Birthplace No Record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Elizabeth **
15. Birthplace No Record (City, town, or county) (State or foreign country)
16. (a) Informant Pat L. McDonald
(b) Address 631 Moffet Ave., Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo.
19. (a) 12-8-45 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1 year 1945 hour About 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from Did Not attend, 19__; that I last saw h__ alive on__, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary — Duration
Due to Occlusion
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
Coroners Investigation

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)
While at work? (e) Means of injury
23. Signature D. H. Dwight (M. D. or other) DO
Address 2114 Joplin Date signed 12/2/45

1X04

(Licensed Embalmer's Statement on Reverse Side)

45-12-919

DEC 1 0 [illegible]

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: Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.