

FILED NOV 30 1945  
Registration District No. **239**

Primary Registration District No. **4499**

Registrar's No. **74**

1. PLACE OF DEATH:

(a) County **Shelby county**  
(b) City or town **Shelbina, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **None**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Entire life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shelby** **102**  
(c) City or town **Shelbina** **2**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. \_\_\_\_\_ (If rural, give location) **0**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Charles Roy Sansberry**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Male** 2 5. Color or race **Black** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Geraldine** 6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **May 15th 1885**  
(Month) (Day) (Year)

8. AGE: Years **60** Months **5** Days **5** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Monroe county Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Cook**

11. Industry or business **"**

MOTHER FATHER

12. Name **William Sansberry** **7**

13. Birthplace **Not known** (City, town, or county) (State or foreign country)

14. Maiden name **Mary** -----

15. Birthplace **Not known** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Mrs. Charles R. Sansberry**

(b) Address **Shelbina, Missouri**

17. (a) **Burial** (Burial, cremation, or other) (b) Date thereof **10-22-1945**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Shelbina Missouri**

18. (a) Signature of funeral director **Million & Berkelew**

(b) Address **Shelbina, Missouri**

19. (a) **Nov 24** (Date received local registrar) (b) **Rich Janner** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **20th**  
year **1945** hour **9** minute **30P** M.

21. I hereby certify that I attended the deceased from **7-15-45**, 19\_\_\_\_, to **10-20-45**, 19\_\_\_\_, that I last saw him alive on **10-20-45**, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma Prostatic** **8 Mo.**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations **5/8**  
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) \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **A. M. Hood** (M. D. or other) **Shelbina Mo**  
Address \_\_\_\_\_ Date signed **10-21-45**

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

RECEIVED

District Health Officer No. 10

District File Number 11-45-1732

Date Filed NOV 27 1945

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.....

*E. W. Haverhill*

Licensed Embalmer No. 3498

P. O. Address.....

*Albion, Me.*

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.