WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36549

1. PLACE OF DEATH
County Jackson Registration District No. 3 8 9 File No.
Township Kaw Primary Registration District No. Registered No. 4470
City Kansas City (No. St Marys Hospital St. Ward)

2. FULL NAME James D. Sandifer
(a) Residence, No. Livermore, Kentucky St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 5, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	78	0	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER
13. NAME James Sandifer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Elizabeth Chapman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. Ivey Holden
(ADDRESS) Gary, Indiana

18. BURIAL, CREMATION, OR REMOVAL
PLACE Livermore Kentucky DATE November 14, 1933

19. UNDERTAKER John J. Sheehan
(ADDRESS) Kansas City, Missouri

20. FILED Nov 14 1933 M. M. McCrowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/1/33, 19 to 11/13/33, 19

I last saw him alive on 11/13/33, 19 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Chronic myocarditis
Myocardial insufficiency — years

Other contributory causes of importance:
Pulmonary embolism (Postoperative)
Prostatic hypertrophy with obstruction (Benign)

Name of operation Prostatectomy Date of 11/9/33
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M.D.
(Address) [illegible]