

Registration District No. 925 Primary Registration District No. Registrar's No. 62

1. PLACE OF DEATH:
(a) County Greene
(b) City, or town Walnut Grove Rural R1
(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 2
In this community Life-time (Specify whether years, months or days) 5 1/2

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Walnut Grove Rural R1
(d) Street No. Walnut Grove Loop
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Barret Elyah Sanford
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 24
year 1940 hour 1 minute 15A.M.
21. I hereby certify that I attended the deceased from Only
on June 23rd 1939, to _____, 19____;
that I last saw him alive on June 23rd, 1939, 19____;
and that death occurred on the date and hour registered above.

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Mollie Clark
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased April 2 1851
(Month) (Day) (Year)

Immediate cause of death Senility
Duration

8. AGE: Years 88 Months 9 Days 22
If less than one day hr. min.

Due to _____

9. Birthplace Dade County Missouri
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Farming & Stock Raising

Major findings: Of operations

12. Name William Sanford

Of autopsy

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

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

14. Maiden name Nancy McElgan

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

16. (a) Informant W.C. Sanford

(b) Address ash grove mo R1

17. (a) Buried (b) Date thereof Jan-25-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawson County

18. (a) Signature of funeral director Brinn Funeral Service
(b) Address Walnut Grove Mo

19. (a) Jan-25-1940 (b) Edna B. McElgan
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury
23. Signature J. J. Barber (M. D. or other)
Address Walnut Grove, Mo. Date signed

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

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, above space should be left blank.