FILED APR 23 1940

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

11704
Do not use this space.

1. PLACE OF DEATH
(a) County Marion — Registration District No. 551
(b) Township Round Grove — Primary Registration District No. 5744 — Registered No.
(c) City Rural — (d) Street No. ..... St. (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 82 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 516 Lucullus Sanford 2
(a) Residence, No. Emerson, Mo. 0 St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Eva Bowles SANFORD
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 1, 1857
7. AGE: YEARS 82 — MONTHS 6 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion County, Mo. 0

FATHER
13. NAME: Thos. S. Sanford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 1

MOTHER
15. MAIDEN NAME: Keziah Banks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 1

17. INFORMANT (ADDRESS): Tom Fay Booth, Emerson, Mo.
18. BURIAL, CREMATION, OR REMOVAL: Emerson, Mo.
PLACE: Emerson Cemetery DATE: 3/20/40 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Lewis Bros, Palmyra, Mo.
20. FILED 3 22 1940 J M Crebs, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-13, 1940, to 3-18, 1940
I last saw him alive on 3-15, 1940. Death is said to have occurred on the date stated above, at 1:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3-12-40

107

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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.
491 (Address) Palmyra Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-12-38 I X14028

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 Geo. G. Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra, 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, above space should be left blank.