V. S. No. 2
50M—5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15122

Registration District No. 280 | Primary Registration District No. 5964 | Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Platte ~~Clay~~ County,

(b) City or town Parkville, Rural Pct. 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. F. D. #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Clay~~ Platte

(c) City or town Parkville
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. #3
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Clarence LaMonte Sanford

3. (b) If veteran, name war no.

3. (c) Social Security No. 491-01-8368

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen C. Sanford,

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July (Month) 31 (Day) 1874 (Year)

8. AGE: Years 68 | Months 8 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Kansas (City, town, or county) / (State or foreign country)

10. Usual occupation Retired,

11. Industry or business xPressman,

FATHER
12. Name James Sanford,
13. Birthplace Unknown, (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Clarissa Martz,
15. Birthplace Kansas, (City, town, or county) / (State or foreign country)

16. (a) Informant Mrs. Helen C. Sanford,
(b) Address R.F.D.#3, Parkville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) April 19-43 (Date received local registrar) (b) Mrs Clay Griffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th year 1943 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Apr 13, 1943, to Apr 19, 1943; that I last saw alive on Apr 18, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (Specify type of place)

While at work (e) Means of injury

23. Signature J. Underwood (M. D. or other)
Address Parkville Mo. Date signed 4/19-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte

District File Number 5-43-43

Date Filed 5-3-43

Dr. Underwood

Pur. Wilde Pub

1 P.M.

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 [signature]

Licensed Embalmer No. 1415

P. O. Address K.C. 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.