S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3906

State File No.

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 13

1. PLACE OF DEATH:
(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 106 OHIO ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 48 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 106 OHIO ST.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARTHA E. McDONALD
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6 (Month) 13 (Day) 1858 (Year)

8. AGE: Years 86 Months 6 Days 22 If less than one day hr. min.

9. Birthplace CONCORD (City, town, or county) MO. (State or foreign country)
10. Usual occupation PROPRIETOR
11. Industry or business HOTEL
MOTHER FATHER
12. Name CHAS. B. SANFORD
13. Birthplace (City, town, or county) KY (State or foreign country)
14. Maiden name MARY E. POWESS
15. Birthplace CHATENA (City, town, or county) KY (State or foreign country)
16. (a) Informant CLYDE McDONALD
(b) Address SEDALIA
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL CEMETERY
18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA
19. (a) 1/8/44 (Date received by local registrar) (b) Ina Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 5TH year 1944 hour 5 minute 7 A.M.
21. I hereby certify that I attended the deceased from 10-29 1943 to Jan. 5 1944 that I last saw h. alive on Jan 5 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchio-pneumonia	12 days
Due to Influenza	2 wks
Due to	
Other conditions (Include pregnancy within 3 months of death) Chr. Int. Nephritis	2 yrs

Major findings:
Of operation
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 Frank B. Long (M. D.) M.D.
Address Sedalia Mo. Date signed 1-7-44

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 2-7-44

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 L. E. Boulden

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.