

FILED JUN 22 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2438

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kan City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2820 Tracy
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: 15 years (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Mae Irene Sanford

3. (b) If veteran, name war no 3. (c) Social Security No. 500-12-1340

4. Sex fe 5. Color or race w 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 5 1887
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>56</u>		<u>10</u>	<u>1</u>	hr. min.

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

10. Usual occupation Bookkeeper

11. Industry or business Sidney Reinhardt & Co

MOTHER FATHER { 12. Name James Sanford

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

14. Maiden name Mary Helton

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

16. (a) Informant D. E. Houser

(b) Address Jasper Mo

17. (a) removal (b) Date thereof 6/8/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jasper Mo

18. (a) Signature of funeral director Don-Meyberg

(b) Address 2315 Linwood

19. (a) 6-8-44 (b) E. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kan City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2820 Tracy
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6 year 44 hour 3 24 pm M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Crowning occlusion

Due to _____

Due to _____

Other conditions 940
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy hypertrophy

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? _____

While at work _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Edith 36/7/44
 Address _____ Date signed _____

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

48
39

SEP 27 1944

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..... *Ray E. Brown*
Licensed Embalmer No. *2560*
P. O. Address..... *KC 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.