V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1945

Registration District No. 199

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16046

Registrar's No. 2266

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community as above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Johnson
(c) City or town Olathe
(If outside city or town limits, write "RURAL")
(d) Street No. 226 South Chesnut
(If rural, give location)
(e) Citizen of foreign country? x (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Victoria Sanford
3. (b) If veteran, name war x no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Lewis W. Sanford
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased June (Month) 10 (Day) 1860 (Year)

8. AGE: Years 84 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Mexico (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housekeeper -At Home
11. Industry or business
FATHER
12. Name J. D. Gregg
13. Birthplace South Carolina (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Henrietta Campbell
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant L W Sanford
(b) Address Enid Oklahoma
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5- 24 -1945 (Month) (Day) (Year)
(c) Place: burial or cremation Olathe Kansas
18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 5-25-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1945 hour 6:30 minute A. M.
21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio-pneumonia
Due to Fall-down steps
Due to 1860 14
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy yes - as above

Duration

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) accident
(b) Date of occurrence 5-22-45
(c) Where did injury occur? Olathe Kansas (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)
While at work? no (e) Means of injury Fall - stair steps
23. Signature James C Wallace M. D. Coroner (M. D. or other)
Address 1424 Profess Bldg Date signed 5-24-45

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H Reed

Licensed Embalmer No. 3745

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.