

FILED JUL 7 1945

Primary Registration District No. 4272

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Waverly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

John Wesley Sanford

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex mao

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 _____

7. Birth date of deceased: July (Month)

9 (Day)

1935 (Year)

8. AGE:

Years 9

Months 11

Days 3

If less than one day

hr. _____ min. _____

9. Birthplace Kansas City Kan

(City, town, or county)

(State or foreign country)

10. Usual occupation at school

11. Industry or business _____

12. Name Wesley Sanford

Waverly, Iowa

13. Birthplace Waverly, Iowa

(City, town, or county)

(State or foreign country)

14. Maiden name Bladys Dougherty

Excelsior Spgs, Mo

15. Birthplace Excelsior Spgs, Mo

(City, town, or county)

(State or foreign country)

16. (a) Informant Mrs Gladys Sanford

R. C. Han

(b) Address _____

17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof 6-20-45

(Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Kan

Funeral Home

18. (a) Signature of funeral director Funeral Home

Funeral Home

(b) Address _____

19. (a) 7-5-1945

(Date received local registrar)

(b) Dr. W. A. Buechler

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1935 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from called as acting coroner 6-19-45
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Drowning
accidental
Body recovered floating

Due to in Missouri river at Waverly Mo.

Due to drowned in Kaw River at Kansas City Kan 6-12-45

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no 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) Drowning
(b) Date of occurrence 6-12-45
(c) Where did injury occur? Kansas City Kansas
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature W. A. Buechler (M. D. or other)
Address Excelsior Mo. Date signed 6/20/45

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7/6/40

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 _____

not Embalmed

Registered Apprentice No. _____

working under my personal supervision.

Signed

Garret J. Temple

Licensed Embalmer No.

3275

P. O. Address

Springton, N.C.

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.

STANDARD CERTIFICATE OF DEATH

State File No. 20718
Registrar's No. _____

State of Mo

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Warsaw
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wyanadotte
(c) City or town Kansas City
(If outside city or town limits, write RURAL)

(d) Length of stay: In hospital or institution _____
(If not in hospital or institution, write street number or location)

(d) Street No. _____
(If rural, give location)

In this community _____
(years, months or days)

(Specify whether _____)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME John W. Sanford

John W. Sanford

MEDICAL CERTIFICATION

20. Date of death: Month June day 12
year 1945 hour _____ minute _____

3. (b) If veteran, _____
name war _____

3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced X

19____ to 19____ that I last saw h_____ alive on _____ 19____

6. (b) Name of husband or wife _____

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

and that death occurred on the date and hour stated above.

Duration

7. Birth date of deceased July 9 - 1935

(Month) (Day) (Year)

Immediate cause of death 183-3

Drowning - accidental

8. AGE: Years _____

Months _____

Days _____

If less than one day _____ hr. _____ min.

Due to Body recovered floating

9. Birthplace _____

(City, town, or county)

Kansas
(State or foreign country)

Due to in Mr. River at Warsaw

10. Usual occupation at school

(City, town, or county)

(State or foreign country)

Other conditions Deceased in War - H. C. Rivers 12/45

PHYSICIAN

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

Iowa
(State or foreign country)

Major findings: _____

14. Maiden name _____

(City, town, or county)

(State or foreign country)

Of operations _____

15. Birthplace _____

(City, town, or county)

Mo.
(State or foreign country)

Of autopsy no

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature _____

(b) Address _____

17. (a) _____ (b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place; burial or cremation _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) acc

(b) Date of occurrence June 12 - 1945

(c) Where did injury occur? N. E. Wyanadotte, Kans.
(City or village) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? New River

While at work? Play (e) Means of injury as above
(Specify type of place)

19. (a) _____ (b) _____

(Date received local registrar)

(Registrar's signature)

23. Signature M. J. (M. D. or other)

Address _____ Date signed _____

20718