

FILED NOV 28 1945 STANDARD CERTIFICATE OF DEATH

State File No. 37249

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 915

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

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Rural - S. Campbell Twp.  
(d) Street No. Route # 9  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME

Lewis Sanford

(b) If veteran, name war No

(c) Social Security No. UNK

4. Sex Male (0) 5. Color or race White (0) 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X X years

7. Birth date of deceased MAY 7, 1901

8. AGE: Years 44 Months 6 Days 2 If less than one day

9. Birthplace SPRINGFIELD MISSOURI

10. Usual occupation LABORER

11. Industry or business

12. Name JOSEPH SANFORD

13. Birthplace UNK TENN.

14. Maiden name ARMADA SARGENT

15. Birthplace UNK KENTUCKY

16. (a) Informant MARIAN DERRICKSON

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 11-8-45

(c) Place: burial or cremation OAK LAWN

18. (a) Signature of funeral director J. B. Jones

(b) Address Buffalo - Mo.  
19. (a) 11-7-45 (b) N. W. Handley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1945 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from 11-5-45 to 11-7-45 that I last saw him alive on 11-7-45 and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral pneumonia 3 day

Due to...  
Due to...  
Other conditions: Bronchial asthma 10 yrs.  
(Include pregnancy within 3 months of death)

Major findings: 112.  
Of operations  
Of autopsy

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?  
(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 J. Cabt... (M. D. or other) Date signed 11-7-45

JAN 21 1946

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 Mavis B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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. +