S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24361

FILED AUG 5 1947

Registration District No. 1947

Primary Registration District No. 1602

Registrar's No. 3026

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: 3016 Harrison Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3016 Harrison Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. MARY ALICE SANDS
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Robert V. Sands
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 24th. (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	2	21	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Andrew Curtis Dennison
13. Birthplace England (City, town, or county) (State or foreign country) 11

MOTHER
14. Maiden name Matilda Watting
15. Birthplace England (City, town, or county) (State or foreign country) 4

16. (a) Informant Harold R. Sands
(b) Address 5201 Croysdale Road, Merriam, Kans.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7 - 17 - 47 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton, Missouri
18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd. St. Kansas City, Mo.
19. (a) 7-17-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th.
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from Mar 2, 1935 to July 15, 1947
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	4 mo
Due to Coronary Disease	12 yrs
Due to Arteriosclerosis	15 yrs
Sexual severe	11 to Death
Other conditions Coronary Thrombosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none 9 3 8

PHYSICIAN
Underline the cause of 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 0

23. Signature Allen L. Hearst (M. D. or other)
Address 1100 Prof. Bldg Date signed 7-15-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1950

Fr. Hearst
5638 Rac. #4

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 Willis H. Bennett

Licensed Embalmer No. 4438

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.