S. No. 300
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ev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 2 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15402

Registration District No. 38 — Primary Registration District No. 3006 — Registrar's No. 142

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

0
2
4

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wichita Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No 2½ yrs (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 104 Ripley 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Sidney Lansford
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MO
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Birth date of deceased ~~Do not know~~ 1878 (Month) 1 (Day) 3 (Year)

8. AGE: Years 70 Months 4 Days 18 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name James Lansford
13. Birthplace (City, town, or county) Alabama 1 (State or foreign country)
MOTHER
14. Maiden name Adeline Reed
15. Birthplace (City, town, or county) Texas 1 (State or foreign country)
16. (a) Informant Convalescent Home Record
(b) Address Columbia Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5 25 48 (Month) (Day) (Year)
M. U. anatomical board
(c) Place: burial or cremation Columbia Mo
18. (a) Signature of funeral director J. O. Roberts
(b) Address Columbia Mo
19. (a) 5-25-48 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 48 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased ~~from~~ on May 20 — 1948 to — 19 ; that I last saw him alive on May 20 — 1948 ; and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage — Duration for day
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
83a
Major findings: Of operations None
Of autopsy None

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) No
(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? No (Specify type of place)
While at work? (e) Means of injury
23. Signature W. P. Dysart (M. D. or other) M.D.
Address Columbia Mo Date signed 5-22-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
JUN 1 1948
Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.