

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1954

State File No. **12221**
1554

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|--|--|---|--|--|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. LENGTH OF STAY (In place) Life | | c. CITY OR TOWN Kansas City | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5014 Scarrit | | | | e. STREET ADDRESS (If rural, give location) 5014 Scarrit 3078 | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Elizabeth | | b. (Middle) Matilda | | c. (Last) SANFORD | |
| 4. DATE OF DEATH | | (Month) 4 (Day) 5 (Year) 54 | | 4. DATE OF DEATH | | (Month) 4 (Day) 5 (Year) 54 | |
| 5. SEX Fe. | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, MARRIED DIVORCED (Specify) | | 8. DATE OF BIRTH Aug. 12, 1898 | |
| 9. AGE (In years last birthday) 55 | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | | 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME William Kahlmeyer | | 13b. MOTHER'S MAIDEN NAME Matilda Bass | | 14. NAME OF HUSBAND OR WIFE Francis E. Sanford | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, state year or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Francis Sanford 5014 Scarrit K.C., Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Vasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Kidney DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 5 hrs 6 hrs 180X | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Nov 1949 to 4-5 , 19 54 , that I last saw the deceased alive on 4-4 , 19 54 , and that death occurred at 10:30 p.m. , from the causes and on the date stated above. | | | | | | | |
| 22a. SIGNATURE P. A. Kienberger (Degree or title) | | | | 22b. ADDRESS 5246 St John | | 22c. DATE SIGNED 4-6-54 | |
| 24a. BURIAL, CREMATION, REBURY (Specify) | | 24b. DATE 4/8/54 | | 24c. NAME OF CEMETERY OR CREMATORY St. Marys | | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. | |
| DATE REC'D BY LOCAL REG. 4-6-54 | | REGISTRAR'S SIGNATURE Geraldine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar | | ADDRESS K. C., Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Alvin B. [Signature]*

Licensed Embalmer No.

P. O. Address *[Signature]*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.