

ESD MAR 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7334

Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 1046
(b) Township Shoal Creek Primary Registration District No. 5810
(c) City R 2 - Galena, Kansas (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? - yrs. mos. ds.

2. PRINT FULL NAME

531 Washington Alexander Sanford
(a) Residence, No. _____ St. R 2 Galena Kas
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Sandford

22. I HEREBY CERTIFY, That I attended deceased from 2-3 1939, to 2-3 1939
I last saw him ~~live~~ on 2-3, 1939. Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 4 22

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 15

Cause of death unknown
Probable Organic Heart attack.
Natural Causes.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Illinois

Other contributory causes of importance:
Dropped dead while at a lodge meeting

FATHER 13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT (ADDRESS) Howard Sandford
Galena Mo.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide _____ Date of injury 2-2 1939
Where did injury occur? Theywood Community Bldg in Newton (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope Cem. DATE 2-4 1939

Manner of injury _____
Nature of injury _____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lanpher Mortuary
Galena Mo.

24. Was disease of injury in any way related to occupation of deceased? If so, specify _____
(Signed) Calley Thompson
Galena Mo.
(Address) _____

20. FILED 2-6 1939 W. J. Jones
Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

District Health Officer No. 6,

District File Number 6-39-602

Date Filed MAR 10 1939

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, Allen E. Lanpher, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Allen E. Lanpher

Licensed Embalmer No. 3574

P. O. Address Joplin 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, above space should be left blank.