No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17096

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1758

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

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: K.C. General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Mo. & 10 days (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 2341 Fairmount (If rural, give location) 8

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ALBERT SANFORD

3. (b) If veteran, name war —

3. (c) Social Security No. 495-10-0676

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie May Sanford

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Aug. 19 (Month) 11 (Day) 1891 (Year)

8. AGE: Years 49 48 Months 8 8 Days 18 0 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. ( ) (State or foreign country)

10. Usual occupation W.P.A.

11. Industry or business

FATHER
12. Name Theodore Sanford
13. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Mary Adams
15. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Record clerk

(b) Address K.C. General Hospital K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 5 (Day) 46 (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director [illegible]

(b) Address 644 Kansas

19. (a) May 4, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1941 hour 6 minute 50 A.M. M.

21. I hereby certify that I attended the deceased from 1-19-41, 19__, to 4-29-41, 19__; that I last saw him alive on 4-29-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the cecum with metastases to the liver

Due to 46

Due to 46

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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)

(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

23. Signature [illegible] (M. D. or other)

Address Med. Dir. K.C. Gen. Hospital K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. 3965

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.