

FILED FEB 1 1944

Registration District No. **57**

Primary Registration District No. **5232**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County Cass
 (b) City or town Rural Union Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass
 (c) City or town Rural Union Twp
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Nancy Ellen Sanford

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex F 5. Color or race Wi 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife George W. Sanford 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 78 Months 4 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Un Known
 13. Birthplace Un Known (City, town, or county) (State or foreign country)
 14. Maiden name Un Known
 15. Birthplace Un Known (City, town, or county) (State or foreign country)

16. (a) Informant Miss C. L. Sanford
 (b) Address Cleveland Mo.

17. (a) Removal (b) Date thereof Jan. 20-1944 (Month) (Day) (Year)
 (c) Place: burial or cremation Kansas City Mo.

18. (a) Signature of funeral director W. G. Miller
 (b) Address Cleveland Mo.

19. (a) 1-20-44 (Date received local registrar) (b) Margaret Valle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1944 hour 5:15 minute AM

21. I hereby certify that I attended the deceased from Jan 20 1944, to Jan 20 1944, that I last saw her alive on Jan 20 1944, and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 1 yr

Due to 93d
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____ 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. M. Miller (M. D. or other) Address Belton Mo Date signed 1-20-44

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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..... *Geo. E. Myers*.....

Licensed Embalmer No. *2517*

P. O. Address..... *Cleveland, Ohio*.....

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

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