

X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39861**

FILED DEC 24 1946
Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **423**

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
107a South Lorimer St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether
In this community since 1935
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 107a South Lorimer St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Daniel William Sanford

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 15th
year 1946 hour 7 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Hearn 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased October 1st 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1946
....., 19....., to Dec 15th, 19.....

that I last saw him alive on Dec 15th, 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

79 2 14 hr. min.

Immediate cause of death Endocarditis Duration 9 mo

Due to Rheumatism 1 yr

Due to

9. Birthplace Taney County Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92E

Of autopsy.....

10. Usual occupation retired employee of Wahl & Co. of Hayti, Mo.

MOTHER FATHER

12. Name Don't Know

13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Eva Sanford

(b) Address Cape Girardeau, Missouri

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

17. (a) Burial (b) Date thereof 12-17-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hagy Cent. Dexter, Mo.

(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 15

18. (a) Signature of funeral director L. L. Hagan

(b) Address Cape Girardeau, Missouri

23. Signature W. H. West (M. D. or other)
Address Cape Girardeau Date signed 12/16/46

19. (a) 12-17-1946 (b) G. C. Summer
(Date received local registrar) (Registrar's signature)

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

38675

RECEIVED

Health Officer No. 4
File Number 1246-30
Date filed 12-23-46

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..... *Howard R. James*

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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, fact should be so stated above.