

No. 300
10-47
5-17-39
PI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

11508
State File No. _____
Registrar's No. 130

Registration District No. 38

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Weeks
(Specify whether
in this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 712 Wilkes Blvd. 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME FRANCES MARGARET SANFORD

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 6 - 17 - 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Teacher

11. Industry or business _____

12. Name Thomas M. Sanford

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ransdall

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J.T. Young

(b) Address Centralia, Mo.

17. (a) Burial (b) Date thereof 5-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sanford Cemetery

18. (a) Signature of funeral director Carver Funeral Service

(b) Address Columbia, Mo.

19. (a) 5-5-48 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1948 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Mar. 27, 1948
to May 3, 1948
that I last saw her alive on May 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
Due to marked arteriosclerosis

Due to Senility

Other conditions Fracture of femur,
(Include pregnancy within 5 months of death) arteriosclerosis

Major findings: Of operations _____

Of autopsy 1948

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

(a) Accident, suicide, or homicide (specify) Fell in home

(b) Date of occurrence 118

(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?
Home (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature James M. Blalock (M. D. or other)

Address Columbia, Mo. Date signed May 5, 1948

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

MOTHER FATHER

Date Filed MAY 14 1948

District File Number

District Health Officer No. 9

RECEIVED

NOV 13 1948

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

Chas L. Loring

Licensed Embalmer No.

4132

P. O. Address

Walesboro, Vt.

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.