

REC'D MAR 20 1939

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

7047
Do not use this space.

1. PLACE OF DEATH

(a) County Lumpkin Registration District No. 47
(b) Township Piedmont Primary Registration District No. 5634
(c) City Monett (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yr mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

514 Arthur G. Samples
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zelpha Samples
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4, 1909
7. AGE YEARS 30 MONTHS 4 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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 _____
FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McAlester Okla.
13. NAME Joseph Samples
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.
MOTHER 15. MAIDEN NAME Ellie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT Mrs. Zelpha Samples (ADDRESS) Monett, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery DATE Feb. 4, 1939
19. FUNERAL DIRECTOR (ADDRESS) Blankenship Monett
20. FILED 2-4 1939 E. T. Wooten 422 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1939, to Feb. 2, 1939
I last saw him alive on Feb. 2, 1939. Death is said to have occurred on the date stated above, at 8: P. m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
Other contributory causes of importance:
Deb. ex. from working in mine under ground
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) L. H. Ferguson, M. D.
Moell, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

I X12004

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

RECEIVED

District Health Officer No. 6,

District File Number 6-39-670

Date Filed MAR 16 1939

STATEMENT BY LICENSED EMBALMER

I, R. H. Blankenship, Licensed Embalmer No. 2397

hereby certify that the body recorded on the reverse side of this certificate was embalmed by R. H. Blankenship

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed R. H. Blankenship

Licensed Embalmer No. 2397

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.)