

REC'D MAY 1 0 1939

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

14068
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kew Primary Registration District No. 1002 Registered No. 1822
 (c) City Kansas City, Mo. (d) Street No. 1171 E. 66th St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 512 Theodore Worth Sampsell

(a) Residence, No. 1171 E. 66th St. 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 M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1849				
7. AGE	YEARS 89	MONTHS 11	DAYS 6	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired			
	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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va 1				
FATHER	13. NAME John Wm. Sampsell 1			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa 9			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May Apr. 30, 1939**

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1939 to April 30, 1939
 I last saw him alive on April 29, 1939 Death is said to have occurred on the date stated above, at T. H. S. M.
 The principal cause of death and related causes of importance were as follows:

Coronary sclerosis, Anginal, Cardiac decompensation
 Date of onset **4/16/39**

Other contributory causes of importance:

Senility, 94A Terminal uremia

Name of operation none Date of no
 What test confirmed diagnosis physical Was there an autopsy? no

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? no
 If so, specify
 (Signed) [Signature] M. D.
 (Address) 300 Argyle Bldg.

17. INFORMANT Mrs. H. W. Hursley
 (ADDRESS) 1171 E 66th St. K.C. Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Brookings Cem. DATE May 2-39 19.....
 19. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc
 (ADDRESS) 2825 Indep. Blvd. K.C. Mo.
 20. FILED May 1, 1939 M.M. Crowe
 Local Registrar.

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.

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.....

..... P. O. Address.....

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, above space should be left blank.