

NOV 2 1939
STANDARD CERTIFICATE OF DEATH

State File No. 37056

Registration District No. 761

Primary Registration District No. 7614456

Registrar's No. 22

1. PLACE OF DEATH

(a) County St. Clair city

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

(c) Name of hospital or institution: Collets Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour
(Specify whether years, months or days)

In this community 19-4-2

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St. Clair

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Roy R. Sampsel

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1939 hour 11 minute 30 PM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex MALE

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 June 19-1920
(Month) (Day) (Year)

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>19</u>	<u>4</u>	<u>2</u>	hr. _____ min. _____

Due to Justifiable Homicide

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation none

Major findings: Of operations ✓

11. Industry or business none

Of autopsy _____

MOTHER FATHER

12. Name ROY Sampsel

13. Birthplace Arrow Rock Mo
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically

14. Maiden name MABEL ALLEN

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

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

16. (a) Informant's own signature Roy Sampsel

(b) Address Appleton City

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

(b) Date of occurrence 10-21-39

17. (a) Burial (b) Date thereof 20 Oct 23 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City

(c) Where did injury occur Frank Yaf Bates Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Frank Yaf Bates

(b) Address Appleton City Mo

While at work? ✓ (Specify type of place)

(e) Means of injury U

19. (a) Oct. 23 1939 (b) Eds. Coney
(Date received local registrar) (Registrar's signature)

23. Signature Eds. Coney Crowner
(M. D. or other)

Address Osceola Mo. Date signed 10/27/39

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

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.

1 X1011

RECEIVED

District Health Officer No. 71

District File Number 11-39-1528

Date Filed 11-6-39

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 me
22 day of Oct 1939, Registered Apprentice No. _____
working under my personal supervision.

Signed

Frank Lee

Licensed Embalmer No. 1099

P. O. Address Aspen City

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.