

No. 2
11-1-1940
1-1-1940
1-1-1940

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14000**

MAY 15 1940

399

1002

Registration District No.

Primary Registration District No.

Registrar's No.

1712

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 da. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Elizabeth Sampson 512
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife August Sampson 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May 25 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 10 23 hr. min.

9. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation house wife 9

11. Industry or business

MOTHER FATHER
{ 12. Name Jeffery Norris 9
{ 13. Birthplace Un known 9
(City, town, or county) (State or foreign country)
{ 14. Maiden name Un known
{ 15. Birthplace Un known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leo Barry

(b) Address Cleveland, Mo.

17. (a) Normal (b) Date thereof April 22-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. Va. Kanis

18. (a) Signature of funeral director R. V. Lindsey & Sons

(b) Address 3811 Broadway

19. (a) 5-22-1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0
(c) City or town Cleveland, Mo.
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 18th
year 1940 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Apr. 3-1940
_____, 19____, to Apr 18-, 1940,

that I last saw her alive on 12 of Apr., 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial embolism Duration

Due to arterio sclerosis

Due to 99.0

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(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

23. Signature Joseph M. Brown (M. D. or other)
Address 618 Industrial Bldg Date signed 4/19/40

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

*Dr. G. W. Howard
Professional Emb.
N.Y. - 0840*

- 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 *Roscoe Hecker*
Licensed Embalmer No. *3738*
P. O. Address *J. P. M.*

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.