

3-40
7-39
K2159

Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 64

NOV 2 0 1940

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(c) Name of hospital or institution:
428 East Highland St 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 7 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. 428 East Highland St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Amanda Jane Sampson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife S.S. Sampson 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased June 18 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business !

MOTHER { 12. Name Gideon Fullerton
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Tucker

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

16. (a) Informant Gladys Brownholz
(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 10/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. F. King 418
(b) Address Aurora Mo.

19. (a) 11-1-40 (b) R. O. Cowan M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct., day 10
year 1940 hour 1 minute 25 A. M.

21. I hereby certify that I attended the deceased from Oct 5
1940, to Oct 10, 1940;
that I last saw her alive on Oct 8, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis

Due to Hypertension

Due to AGC

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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 R. O. Cowan (M. D. MD)
Address Aurora, Mo Date signed Oct 22 1940

Duration

unknown

unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number 1140-28-15

Date Filed NOV 6 1940

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.....

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Amos Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.