

No. 2  
4-13-40  
-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42576

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 1053

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

1. PLACE OF DEATH  
 (a) County GREENE  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Burge Hospital  
(If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution 20 days  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Sams, Julius  
 (b) If veteran, name war no.  
 (c) Social Security No. Unknown

4. Sex M 5. Color or race W.  
 6. (a) Single, widowed, married, divorced Single  
 (b) Name of husband or wife none  
 (c) Age of husband or wife if alive X years  
 7. Birth date of deceased Nov 25 1873  
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 6  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Brown Co. Ohio  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
 12. Name Edward Sams  
 13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)  
 14. Maiden name Jane Purdum  
 15. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kate Large (sister)  
 (b) Address Centerville Iowa  
 17. (a) Removal (b) Date thereof 12/31/40  
(Death, excarnation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or excarnation Marshfield Mo.

18. (a) Signature of funeral director Ray Henry  
 (b) Address Marshfield Mo.  
 19. (a) 12-31-40 (b) W.E. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Webster  
 (c) City or town Marshfield  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Route 1  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31  
 year 1940 hour 6 minute 30 A. M.  
 21. I hereby certify that I attended the deceased from Dec 28  
 \_\_\_\_\_, 1940, to Dec 31, 1940,  
 that I last saw him alive on Dec 30, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration 2 wks.  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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?  
Yes  
(Specify type of place)  
 While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 Signature Ray D Callaway (M. D. or other) \_\_\_\_\_  
 Address Springfield Mo Date signed 1/3/41

**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, fact should be so stated above.**