

JAN 8 1941
Registration District No. **14**

Primary Registration District No. **5867**

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

1. PLACE OF DEATH:
(a) County **Boonville**
(b) City or town **Portageville, Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Boonville Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Boonville**
(c) City or town **Portageville, Rural**
(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 **Thomas J. Samell**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **26** year **1940** hour **8** minute **P.** M.
21. I hereby certify that I attended the deceased from **Dec 1 - 1940** to _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Helen Samell** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **May 31, 1870**
(Month) (Day) (Year)

Immediate cause of death **Uremia**
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
70 **7** **26** hr. min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace **Boonville, Mo** (City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**
11. Industry or business _____
12. Name **William M. Samell**
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name **Miss Sidney J. Anderson**
15. Birthplace _____ (City, town, or county) (State or foreign country)

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? **5**

16. (a) Informant **Helen Samell**
(b) Address **Portageville, Mo**
17. (a) **Funeral** (b) Date thereof **12/27/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Marys Bayou Cemetery**
18. (a) Signature of funeral director **John J. Fernald**
(b) Address **Portageville, Mo**
19. (a) **Dec 30 - 1940** (b) **Mary E. Cuth**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **H. J. Kelly** (M. D. or other) **1**
Address **Portageville, Mo** Date signed **12/27/40**

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1-41-1

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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 the above constitutes grounds for revocation of license.)

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 43402

Registration District No. 114

Primary Registration District No. 5867

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Perisecot
(b) City or town Butler T.P.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Thomas J. Darnell

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 Dec day 26
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death uremia

Due to Don't know, saw the patient one time

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1321

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?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address Parlaguette Date signed 2/2/41

SUPPLEMENTAL

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

S-43402