

MAR 19 1941
Registration District No. 2774

Primary Registration District No. 4465

Registrar's No. 1023

74
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2

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

1. PLACE OF DEATH

(a) County. St. Francois

(b) City or town. Flat River mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME James Albert Samache

3. (b) If veteran name war 1020 3. (c) Social Security No. _____

4. Sex M 5. Color or race M 6. (a) Single, widowed, married, divorced 2 divorced

6. (b) Name of husband or wife Mandora Benion Samache 6. (c) Age of husband or wife 18 5/8

7. Birth date of deceased June 31 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>9</u>	<u>1</u>	hr. min.

9. Birthplace Jefferson Mo (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Building

12. Name John Baptiste Samache

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

14. Maiden name Annanda Wright

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

16. (a) Informant Louisa Evans
(b) Address 403 Van Buren Oxford Miss

17. (a) Hermitite (b) Date thereof 3-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermitite

18. (a) Signature of funeral director Caldwell Bros
(b) Address Flat River mo

19. (a) 3/7/41 (b) O. Starrar
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED

(a) State mo (b) County St. Francois

(c) City or town Flat River mo
(If outside city or town limits, write "RURAL")

(d) Street No. 3 (If rural, give location) 2

(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th
year 1941 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from January 28, 1941 to March 6, 1941
that I last saw him alive on March 6, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Anemia Duration _____

Due to Myocarditis

Due to Chronic Nephritis
Uremic Poisoning

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

Major findings: Of operations 17/18

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?
11 (Specify type of place) (e) Means of injury _____

23. Signature Richard F. Freund (Doctor or other) 2
Address Elmo, Mo Date signed 3/7/41

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, above space should be left blank.