No. 2
-4-41
17-39
X26390

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

FILED MAY 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 15560

Registration District No. 701 Primary Registration District No. 4422 Registrar's No. 14

**1. PLACE OF DEATH:**

(a) County Polk

(b) City or town Bolivar, Missouri (If outside city or town limits, write "RURAL" and name of township)

(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 6 Months. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Polk 84

(c) City or town Richland, Missouri (If outside city or town limits, write "RURAL") 0

(d) Street No. ..... (If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sampson Main

3. (b) If veteran, name war Civil War

3. (c) Social Security No. n

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Addie M. Main

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July (Month) 17 (Day) 1847 (Year)

8. AGE: Years 93 Months 8 Days 8 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

FATHER
12. Name Adam Main
13. Birthplace Boonsboro, Maryland (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Sarah, Leatherman
15. Birthplace Boonsboro, Maryland (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs. Stella C. Story

(b) Address Bolivar, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/26/41 (Month) (Day) (Year)

(c) Place: burial or cremation Hawkeye, Iowa

18. (a) Signature of funeral director White-Erwin Funeral Home.

(b) Address Bolivar, Missouri

19. (a) 3/26/ (Date received local registrar) (b) J. T. Roberts (Registrar's signature) 6-30

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 25 year 1941 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1941 ....., 19..., to March 25, 1941; that I last saw him alive on March 25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Arteriosclerosis

Due to 93 D

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

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? (Specify type of place)

While at work? / (e) Means of injury /

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

Address Bolivar No. Date signed 3-26-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-41-868
Date Filed 5-13-41

JAN 19 1942

**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. Frank L Grable Jr.

Licensed Embalmer No. 4140

P. O. Address Bolivar, Mo.

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

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