

No. 2  
-1-4-41  
-17-39  
X28990

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24220**  
Registrar's No. **2759**

FILED AUG 16 1941 399

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1528 Cherry  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life 1 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Lanark Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 1528 Cherry  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Samantha M. Haney

3. (b) If veteran, name war No

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
year 1941 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 10th 1941 to July 22 1941; that I last saw her alive on July 14 1941; and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race wh

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased: Mar 17 1866  
(Month) (Day) (Year)

Immediate cause of death Presenic Poisoning & Acute Dilation of heart

Duration \_\_\_\_\_

8. AGE: Years 75 Months 78 Days 4 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Chronic interstitial Nephritis

Due to Arterio-sclerosis

9. Birthplace Mo 0  
(City, town, or county) (State or foreign country)

Other conditions Hypertension & Scivility  
(include pregnancy within 3 months of death)

10. Usual occupation at home

11. Industry or business at home

12. Name John R. Terry

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

14. Maiden name unknown

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

16. (a) Informant Clayd Haney

(b) Address 1528 Cherry

17. (a) removal (b) Date thereof July 23-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Inter Mo

18. (a) Signature of funeral director F. S. Walton

(b) Address 2738 Prospect

19. (a) 1-23-41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

Major findings: 12!  
Of operations \_\_\_\_\_

Of autopsy 12/a

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature James H. Boss (M. D. or other) D.O.

Address 2748 Charlotte Date signed July 23 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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address of C. mo

**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.**