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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 28778

Registration District No. 506 Primary Registration District No. 5671 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Rural Bakersfield
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 058
(c) City or town 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.? 0 years.

3. (a) PRINT FULL NAME Sarah F. Sampson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 26 (Day) 1864 (Year)

8. AGE: Years 76 Months 6 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) MO (State or foreign country)
10. Usual occupation
11. Industry or business House Keeper
FATHER
12. Name David Gentner
13. Birthplace (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Jane Hackler
15. Birthplace (City, town, or county) Penn (State or foreign country)
16. (a) Informant Jennie E. Johnson
(b) Address New Boston MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Elmer MO
18. (a) Signature of funeral director W H McCollum
(b) Address South Gifford MO
19. (a) Aug 2 1941 (Date received local registrar) (b) Gertrude Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1941 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from , 1937, to , 1941; that I last saw her alive on July 14 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Failing Heart Myocardosis | 4 yrs |
| Due to Insufficient Coronary Circulation | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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 J. L. Cantwell (M. D. ~~or other~~) D
Address Bucklin MO Date signed 7-24-41

07 (Licensed Embalmer's Statement on Reverse Side)

## 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 W. M. Collins

Licensed Embalmer No. 2052

P. O. Address South Gifford

**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.**