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DEC 13 1941

Registration District No. 729

Primary Registration District No. 5585

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Johnson (b) City or town Groves, Mo (Rural)
(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 40 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Knob Noster, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Groves twp.
(If rural, give location)
(e) Citizen of foreign country? (X) No
If yes, name country _____

3. (a) PRINT FULL NAME Charles Morris Sammons

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mary Viola Sammons 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Mar. 2, 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 7 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Wilson Sammons

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

14. Maiden name Katherine Jane Markum

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

16. (a) Informant Mark Sammons
(b) Address Knob Noster, Mo.

17. (a) Burial (b) Date thereof Nov. 11, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney - Phillips
(b) Address Warrensburg, Mo.
19. (a) 11-21-41 (Date received local registrar) Mrs. C. J. Foster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1941 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 8 1941 to Nov. 9 1941; that I last saw him alive on Nov. 8 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Influenza of bowels Duration 6 days

Due to _____

Due to _____

Other conditions 336
(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? _____

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

23. Signature W. J. Stall (M. D. or other) _____

Address Warrensburg, Mo. Date signed 11/10/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

File Number.....

Filed 12-11-41

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.....

Earl Priest

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg

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.