

JAN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41830

State File No.

Registrar's No. 63

Registration District No. 309

Primary Registration District No. 4185

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Albany
(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 All his life (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Albany 38
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 16
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Christopher Elbert Sampson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 14 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 16 hr. min.

9. Birthplace Albany Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Painter

12. Name L. B. Sampson

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

14. Maiden name Nancy Stark

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

16. (a) Informant Mrs. Jesse Branham

(b) Address Albany, Mo.

17. (a) Burial (b) Date thereof 12/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shepherd

18. (a) Signature of funeral director [Signature]

(b) Address _____

19. (a) Dec. 30, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1941 hour 9 A. minute M.

21. I hereby certify that I attended the deceased from 1925
to 1941,
that I last saw him alive on 12-30-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-Sclerosis Duration 10 yrs.

Due to _____

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? _____

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

23. Signature Frank H. Rose (M. D. or other) M.D.

Address Albany, Mo. Date signed 12-30-41

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

MOTHER FATHER

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Clifford Burns*
Licensed Embalmer No. 3329
P. O. Address Albany 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.