

FILED MAY 23 1942  
Registration District No. 3031

Primary Registration District No. 3031

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Madawasky  
(b) City or town Marionville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community West of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madawasky  
(c) City or town Marionville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 722 East Jenkins (If rural, give location)  
(e) Citizen of foreign country? None (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Elijah Francis Samson

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: Outrude Samson 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: July 24 1866  
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: \_\_\_\_\_ (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: \_\_\_\_\_

12. Name H. L. Samson

13. Birthplace: Michigan (City, town, or county) (State or foreign country)

14. Maiden name Putera

15. Birthplace: Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Charley Samson

(b) Address 417 N Water Marionville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-18-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Marion Cemetery

18. (a) Signature of funeral director: Coydall Funeral Home

(b) Address 251 South Main Marionville Mo

19. (a) April 22 1942 (b) Maury Cole  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16, 1942  
year \_\_\_\_\_ hour 11:15 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Jan 19 1942 to April 14 1942  
that I last saw him alive on April 14 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of duodenum

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: none  
(Include pregnancy within 3 months of death)

Major findings: Of operations: none

Of autopsy: none

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 2

23. Signature H. M. Chase (M. D. or other) D.O.  
Address 4036 Main, Marionville Mo Date signed Apr 21 1942

Duration

believe  
at least  
six  
years.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

74  
1  
2

**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. H. Campbell*.....  
Licensed Embalmer No.....*2620*.....  
P. O. Address.....*Maryville 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.**