

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAY 2 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15790

1. PLACE OF DEATH
 County Stone Registration District No. 845
 Township South Primary Registration District No. 6109
 City Reeds Spring (No. 107) St. _____ Ward _____
 2. FULL NAME Jim Sampson
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 night yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 - 1915
 7. AGE YEARS 27 MONTHS 4 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. port. 1st class -
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Army
 10. Date deceased last worked at this occupation (month and year) Mar. 28 - 1942 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prescott, Ark
 FATHER
 13. NAME Thomas L. Sampson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 MOTHER
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT Halderness - South
 (ADDRESS) pine bluff ark
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Prescott ark DATE April 1 1942
 19. UNDERTAKER Halderness - South
 (ADDRESS) pine bluff ark.
 20. FILED April 28 1942 Clayton Arnold
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 29 1942
 22. I HEREBY CERTIFY, That I attended deceased lower
at death, 19____, to _____, 19____.
 I last saw him at death, 19____. Death is said
 to have occurred on the date stated above, at 5 P.M.
 The principal cause of death and related causes of importance were as follows:
burned to death by fire Date of onset _____
 Other contributory causes of importance: _____
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury 104
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Emmett J. Cheatham coroner
 (Address) Ma Lena, Mo.

The body whose name appears on other
side was not embalmed by me or any of my
apprentices

Everett J. Cheatham

License # 3870

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

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 15 990

Registration District No. 845

Primary Registration District No. 6109

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Stone
(b) City or town 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jim Sampson
3. (b) If veteran, _____ 3. (c) Social Security No. _____
name war _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 29
year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
_____ 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 3 1915
(Month) (Day) (Year)

SUPPLEMENTARY
Burned to death by fire while
sitting in bed in a dressing
house. Set by smoking a
cigarette in beds spring, not
his home

8. AGE: Years 27 Months 4 Days 20 (If less than one day _____) min. _____
9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
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10. Usual occupation _____
11. Industry of business _____
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

MOTHER FATHER {
16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) _____
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accidental
(b) Date of occurrence March 29 - 1942
(c) Where did injury occur? Beds Spring Stone mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In town, not his home
While at work? on vacation (Specify type of place) Means of injury Body chane
23. Signature Eugene J. Heatham coroner
Address Bahen Mo. Date signed May 4 42

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

1942
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