

FILED MAY 15 1942

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 29

1. PLACE OF DEATH:

(a) County: Vernon
(b) City or town: West Washington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs - 6 mos
(Specify whether years, months or days)
In this community 10 yrs - 6 mos

3. (a) PRINT FULL NAME: Rudolph Sampt

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

4. Sex: Male 5. Color or race: W 6. (a) Single, widowed, married, divorced: Unknown

6. (b) Name of husband or wife: Unknown 6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: 2-17-77
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 3 If less than one day: - hr. - min.

9. Birthplace: Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation: Shoemaker

11. Industry or business: Unknown

12. Name: Unknown

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

14. Maiden name: Unknown

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

16. (a) Informant: Records, State Hosp #3

(b) Address: Nevada, Mo.

17. (a) Burial (b) Date thereof: 4-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Joseph Cemetery

18. (a) Signature of funeral director: Ferry Samuel Hunt

(b) Address: Nevada, Mo.

19. (a) 4-23-42 (b) Dexter Stearns
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Monroe
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: Unknown
(If rural, give location)
(e) If foreign born, how long in U. S. A.: Unknown years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1942 hour 8:00 minute 8 M.

21. I hereby certify that I attended the deceased from March 1 1942 to April 20 1942; that I last saw him alive on April 20 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral Pulmonary Tuberculosis

Due to: 1361

Due to: Multiple Abscesses (Tubercular?)

Other conditions: Multiple Abscesses (Tubercular?)
(Include pregnancy within 3 months of death)

Major findings: Of operations: _____

Of autopsy: Bilateral Pulmonary Tuberculosis

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? 0

While at work? _____ (Specify type of place)
Means of injury: 0

23. Signature: Walter (M. D. or other) M.D.

Address: Nevada, Mo. Date signed: 4-21-42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 5-42-500

Date Filed 5-13-42

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

Mike E. Ferry

Licensed Embalmer No. 9432

P. O. Address Nevada 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, above space should be left blank.