

FILED JUL 8 1942

State File No. \_\_\_\_\_

Registration District No. 548

Primary Registration District No. 5743

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town R.F.D. 1 Hickory, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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 Missouri (b) County Marion  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Catherine Sammons

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 9  
6. (b) Name of husband or wife John W. Sammons 6. (c) Age of husband or wife if alive XXX years  
7. Birth date of deceased II-15-1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

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

MOTHER FATHER { 12. Name Andrew H. Mossey  
13. Birthplace Ireland (City, town, or county) (State or foreign country)  
14. Maiden name Hannah Nugen  
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant O. H. Sammons  
(b) Address Palmyra Mo. R.F.D. 1  
17. (a) Palmyra Mo. (b) Date thereof 6-12-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director E. J. Shogren  
(b) Address Palmyra Mo. P.O. Box 181  
19. (a) June 10-42 (b) Mrs. Margaret Maddox  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 9 year 1942 hour 3 minute 25 A.M.  
21. I hereby certify that I attended the deceased from March 1942, to June 8 1942,  
that I last saw her alive on May 26 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Acromyopia, h.

Due to arterio sclerotic hypertension  
Due to myocarditis  
Other conditions. 83d  
(Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none

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 E. J. Shogren (M. D. or other)  
Address Palmyra Mo. Date signed 6/10/42

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

64  
0  
0

1145

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 E. J. Sprague  
Licensed Embalmer No. 3275  
P. O. Address Palmyra, Ind.

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.