S. No. 2
—1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6034

State File No. .....

Registration District No. 59 — Primary Registration District No. 52 15 — Registrar's No. 9

1. PLACE OF DEATH:

(a) County: Carter

(b) City or town: EASTWOOD (If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: 1 Keller Trap (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Carter

(c) City or town: EASTWOOD (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: 0

3. (a) PRINT FULL NAME: Velora Clay Samples

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: Aug. (Month) 18 (Day) 1858 (Year)

8. AGE: Years: 84 Months: 6 Days: 8 If less than one day ..... hr. ..... min.

9. Birthplace: Platt Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Retired

11. Industry or business .....

FATHER
12. Name: Velora Samples
13. Birthplace: (City, town, or county) IND. (State or foreign country)

MOTHER
14. Maiden name: Martha Brightwell
15. Birthplace: Platt Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Virgil Samples
(b) Address: Eastwood Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Eastwood Cemetery

18. (a) Signature of funeral director: Phil A. Fischel
(b) Address: Van Buren Mo.

19. (a) Feb 27-1943 (Date received local registrar) Mrs A. J. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 26 year 1943 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from June 1942 to Feb 15 1943 that I last saw h. alive on Feb 15 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial degeneration	2 yrs.
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 928	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature: Frank J. Pacinski (M.D. or other) D.O.
Address: Van Buren, Mo. Date signed 2-27-43

1078 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 34816
Date Filed 3-8-43

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 2-26-4

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Philip A Lenchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.