V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8027

Registration District No. 379 Primary Registration District No. 6287 Registrar's No. 4

114
0
0

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Pleasant Valley TWP-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 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Mansfield - Rural 0
(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 Robert E. Samuel

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 Widowed

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

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

7. Birth date of deceased Feb (Month) 23 (Day) 1855 (Year)

8. AGE: Years 87 Months 11 Days 26 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Not Known
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Harry Samuel
(b) Address Mansfield MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Gap Cem.

18. (a) Signature of funeral director F. A. Stiffe
(b) Address Mansfield

19. (a) Feb. 23-1943 (Date received local registrar) (b) S. L. Henseley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1943 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death General Senility

Due to to old age died without medical

Due to aid

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

162 b

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) no

(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? no (e) Means of injury 3

23. Signature F. A. Stiffe Coroner (M. D. or other)

Address Mansfield MO Date signed 2/20-43

1261 /

(Licensed Embalmer's Statement on Reverse Side)

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 F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Mansfield, 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.