

FILED JAN 31 1945

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 64

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 42 years (Specify whether years, months or days) U

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 102 East Hyde Park Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nancy Jane Sampson
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 23rd.
year 1945 hour 9 minute 25 A.M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James Milton Sampson
6. (c) Age of husband or wife if alive 30 years (Day) (Year) 1849

21. I hereby certify that I attended the deceased from Jan 19 1945 to Jan 23 1945
that I last saw her alive on Jan 23 1945
and that death occurred on the date and hour stated above.

7. Birth date of deceased June 30 1849
(Month) (Day) (Year)

Immediate cause of death:
Chr Valvular Heart dis 3 yr
Chr Nephrotic 7 yr
Duration

8. AGE: Years 95 Months 6 Days 23
If less than one day hr. min.

Due to
Due to

9. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
13

10. Usual occupation Home

PHYSICIAN

11. Industry or business

Major findings:
Of operations

12. Name Thomas Hickman

Of autopsy

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

14. Maiden name Jane Wilson

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

16. (a) Informant Daisy Sampson
(b) Address 102 E. Hyde Park Ave., St. Joseph, Mo

17. (a) Burial (b) Date thereof 1/24/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation? Bethel Cemetery

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?

18. (c) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St., St. Joseph, Missouri

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

19. (a) 1-24-45 (b) Helen J. Goble
(Date received local registrar) (Registrar's signature)

23. Signature TR Johnson (M. D. or other)
Address 734 Ill ave Date signed 1/23/45

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

MOTHER FATHER

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 *Albert L. Harrington*
Licensed Embalmer No. 3258 Missouri
P. O. Address St. Joseph, Missouri.

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.