

FILED OCT 12 1945
 Registration District No. 274

Primary Registration District No. 5927

Registrar's No. 248

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Greenridge Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3 miles east of Windsor
(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 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 3 Miles East of Windsor, Mo.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William S. Samuel

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 W 2

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

7. Birth date of deceased April 15, 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Rt. contractor

11. Industry or business Painting & paper hanging

12. Name James M. Samuel

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

14. Maiden name Ellen ---?
(City, town, or county) (State or foreign country)

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

16. (a) Informant Frank Hughes

(b) Address Windsor, Missouri

17. (a) burial (b) Date thereof 9-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Jackson, Mo.

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Mo.

19. (a) 9-27-45 (b) _____
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22
 year 1945 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan - 1944
Sept 21, 1945 to Sept 21 - 1945;
 that I last saw him alive on Sept 21 - 1945, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
chronic nephritis
 Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy _____
 131/8

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) (e) Means of injury

23. Signature _____ (M. D. or D. O.)
 Address Windsor, Mo. Date signed 9/27/45

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

1486

10-16-X-

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. W. Hinton*

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.