

S. No. 2
-1-4-41
5-17-39
X26330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4983

FILED MAR 6 1946
Registration District No. 73

Primary Registration District No. 5291

State File No. _____

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Rural Liberty, Mo.
(c) Name of hospital or institution POO Home Hosp. D
(d) Length of stay: In hospital or institution 1 1/2 years
In this community all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Rt 3 Liberty, Mo.
(d) Street No. S. 007 Home
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME FRANCES D. SAMPLES

(b) If veteran, name war none (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Oscar Samples (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 26 - 1874

8. AGE: Years 71 Months 10 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Missouri City, Mo.

10. Usual occupation blue collar work

11. Industry or business _____

MOTHER FATHER { 12. Name Elza P. Donovan
13. Birthplace _____ Ky
14. Maiden name Archie Allesen
15. Birthplace Bedalia, Mo.

16. (a) Informant Mrs. Roy Summons

(b) Address 233 N. Leonard Liberty, Mo.

17. (a) Burial (b) Date thereof Feb 14, 1946
(c) Place: burial or cremation Missouri City, Mo

18. (a) Signature of funeral director Chas. Archer C.
(b) Address Liberty, Mo

19. (a) Feb. 4, 1946 (b) Missouri Hayes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2nd year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 1, 1944 to Feb 2, 1946 that I last saw her alive on Feb 2, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration _____
Due to General Atherosclerosis
Due to _____

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

Major findings: Of operations _____ Of autopsy gba

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 0

23. Signature Burton Malby (M. D. or other) M.D.
Address Liberty, Mo Date signed 2-2-46

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

4000

3988

RECEIVED.

District Health Officer No. 8,

District File Number _____

Date Filed _____

3-5-46

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 _____

Edgar Archer

Licensed Embalmer No. _____

3311

P. O. Address _____

Liberty 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.