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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13813

FILED MAY 14 1946

Registration District No. 18 1 Primary Registration District No. ~~3040~~ 5697 Registrar's No. ~~56~~ 50

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Rural-Richhill Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3½ miles North Chillicothe, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3½ miles North Chillicothe
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OLLIE H. SAMPSELL
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sally Sampsell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 15 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
70	5	24	hr. min.

9. Birthplace Calleo (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name Elmore Sampsell
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)
MOTHER 14. Maiden name Elizabeth General
15. Birthplace Calleo (City, town, or county) Missouri (State or foreign country)
16. (a) Informant John Sampsell
(b) Address Calleo, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove-Calleo, Mo
18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri.
19. (a) April-10-46 (Date received local registrar) (b) Frances B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1946 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from Dec 30, 1945 to April 9, 1946
that I last saw him alive on April 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	5 minutes
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis	10 yrs

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature G. V. Smith (M. D. or other)
Address Chillicothe, Mo Date signed 4/9/46

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Elton F. Norman, Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.