

DEPARTMENT OF COMMERCE  
BUREAU OF THE STATISTICS  
**FILED AUG 19 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27441

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Rural Praise Twp  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Jackson County Home for aged  
(If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution 1 yr 2 mths  
(Specify whether years, months or days)

In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City, Mo. 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 523 Grand 8  
(If rural, give location)  
 (e) Citizen of foreign country? No (Specify whether Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SAMUEL HENRY  
 3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 2-18-1963  
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Altoona, Pa  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_ 9  
 13. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name \_\_\_\_\_ 9  
 15. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Jackson County Home Records  
 (b) Address RR #4, Indip. Mo.

17. (a) Burial (b) Date thereof 7-26-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Reeb Summit Mo

18. (a) Signature of funeral director W B Langford  
 (b) Address Reeb Summit Mo

19. (a) 7/26/46 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's final date)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7  
 year 1946 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1946 to July 7, 1946  
 that I last saw him alive on July 6, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations He 2nd

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 J W Beebe (M. D. or other) \_\_\_\_\_  
 Address Indipendence Mo Date signed 7/24/46

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

26200

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**