7. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1761

Registration District No. 206 Primary Registration District No. 5751 Registrar's No. 163

1. PLACE OF DEATH:
(a) County MADISON
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route #2 /
(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 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison 62
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George WASHINGTON SAMPLE
3. (b) If veteran, name war
3. (c) Social Security No. 495-14-2076
4. Sex MALE 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife GUSSIE ESTELLA SAMPLE
6. (c) Age of ~~husband or~~ wife if alive 43 years
7. Birth date of deceased Aug (Month) 24 (Day) 1899 (Year)

8. AGE: Years 47 Months 4 Days 13 If less than one day hr. min.

9. Birthplace FREDERICKTOWN (City, town, or county) MISSOURI 0 (State or foreign country)
10. Usual occupation FARMER
11. Industry or business NONE
FATHER
12. Name George Washington SAMPLE /
13. Birthplace Morristown (City, town, or county) TENN. / (State or foreign country)
MOTHER
14. Maiden name MARY CURTON
15. Birthplace UNKNOWN (City, town, or county) TENN. / (State or foreign country)
16. (a) Informant GUSSIE ESTELLA SAMPLE
(b) Address R#2, Fredericktown, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation New Masonic Cemetery Fredericktown, Mo.
18. (a) Signature of funeral director Sam Rajim, Jr.
(b) Address Fredericktown, Mo.
19. (a) 1-8-1947 (Date received local registrar) (b) Florence Nichols (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7 year 1947 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from 30 December 1946 to 7 January 1947 that I last saw h. alive on 6 January 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial degeneration & Valvular decompensation — Duration
Due to: Cardiovascular renal disease
Due to:
Other conditions (Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Joseph J. Lykos M.D. (M. D. or other) MD
Address Ferguson Bldg. Fredericktown, Mo. Date signed 8 Jan 47

(Licensed Embalmer's Statement on Reverse Side)

147

RECEIVED

District Health Officer No. 4

District File Number 147-73

Date Filed 1-13-47

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, [redacted] .....

....., ~~Registered Apprentice No.~~.....,

~~working under my personal supervision~~.

Signed Stacy Najem, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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.