

FILED DEC 3 1947
Registration District No. **52**

Primary Registration District No. **5781**

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural Apple Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Oscar James Sample
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Lillie Sample 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 12 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace Rollinger Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Dr G.H. Sample
13. Birthplace Unknown Penn
(City, town, or county) (State or foreign country)
14. Maiden name Martha Silvers
15. Birthplace Unknown South Caro
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm. B. Masterson
(b) Address Oak Ridge Mo

17. (a) Burial (b) Date thereof Nov 29 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Goshen Cem

18. (a) Signature of funeral director William Charles Webster
(b) Address Jackson Mo

19. (a) 11-29-47 (b) D. G. Silvers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir 16
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile east of Oak Ridge Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27.
year 1947 hour 6 minute 30 P. M.

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

Immediate cause of death Strangulation
Due to hanging him self with a rope in granary.
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) suicide 016
(b) Date of occurrence Nov. 27, 1947
(c) Where did injury occur? Oak Ridge Cape Mo.
(City or town) (County) (State)
(d) Did injury occur in: about home, on farm, in industrial place, in public place?
On his farm. Jackson Stee Bount
While at work? no (Specify type of place) (e) Means of injury Rope

23. Signature J. P. Sigmond 03
Address Jackson Mo Date signed 11/28/47

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

Rev. 5-1940 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Health Officer No. 4

File Number 1247-1518

Date 12-2-47

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, or by.....

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

working under my personal supervision.

Signed *Virgil H. Helick*

Licensed Embalmer No. 4102

P. O. Address *Cape Girardeau*

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, above space should be left blank.