S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38405

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4785

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

ENCLOSED NOV 26 1947

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1624 Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1624 Madison 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Leona Sams
3. (b) If veteran, name war no
3. (c) Social Security No. 495-03-1091
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Roger Sams
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased October (Month) 15, (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	0	28	hr. min.

9. Birthplace Macon County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation housewife
11. Industry or business retired 2 yrs. Donnelly Garment Co.

FATHER
12. Name Peter Kline
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Emma Fritz
15. Birthplace Macon County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mr. Roger Sams
(b) Address 1624 Madison
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 11-15-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1947 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from July 9, 1947, to Nov. 13 1947; that I last saw her alive on Nov. 11, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death myocardial failure	3 wks.
Due to cerebral hemorrhage	sudden
Due to chronic cardio vascular disease	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy 9 3 0

PHYSICIAN
Underline the cause of 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 Lester E. Lee (M. D. ~~or other~~)
Address 1518 Prof. Bldg Kcmo Date signed 11-14-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.