S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

44397
State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Joplin General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 hrs 45 min (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. R 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant Boy Samer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race wh-yel
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 21, 1947 (Month) (Day) (Year)

8. AGE: Years | Months | Days 14 hrs 45 min | If less than one day hr. min.

9. Birthplace Joplin, Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Lester Ray Samer
13. Birthplace Vinita Okla (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Gladys Yoshie Ide
15. Birthplace Kanaohe, Hawaii (City, town, or county) (State or foreign country)
16. (a) Informant Lester Ray Samer
(b) Address Joplin, Mo R 4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri
19. (a) 12-5-47 (Date received local registrar) (b) Dolores Lampkins Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1947 hour 4 minute 10 AM
21. I hereby certify that I attended the deceased from birth
Nov 21, 1947 to Nov 22, 1947;
that I last saw him alive on Nov 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 2
23. Signature [signature] or other D.O.
Address 521 West Fourth St Joplin, Mo Date signed 11/23/47

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

47-12-1021

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.