S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3755

Registration District No. 360 | Primary Registration District No. 6225 | Registrar's No. 12

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution
In this community: 3yrs 5mo 20days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson 48
(c) City or town: Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No.: Jackson County Home 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

8. (a) PRINT FULL NAME: SAM-LEE

8. (b) If veteran, name war: no
8. (c) Social Security No.: none

4. Sex: male
5. Color or race: yellow
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: none
6. (c) Age of husband or wife if alive: none years

7. Birth date of deceased: unknown (Month) (Day) 1864 (Year)

8. AGE: Years 83 | Months unknown | Days | If less than one day hr. min.

9. Birthplace: San Francisco Cal (City, town or county) (State or foreign country)
10. Usual occupation: Laundry Worker
11. Industry or business: none

FATHER
12. Name: unknown
13. Birthplace: unknown (City, town or county) (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town or county) (State or foreign country)

16. (a) Informant: Records State Hosp 3
(b) Address: Nevada Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hospital Cemetery
18. (a) Signature of funeral director: Henry Strom Home
(b) Address: Nevada Mo
19. (a) 1-17-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1948 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 26 1944 to Jan 15 1948 that I last saw h alive on Jan 15 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis and Hypertension.	
Major findings: Of operations: no operation	
Of autopsy: no 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): No
(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

23. Signature: Paul L Barone (M. D. or other)
Address: State Hosp 3 Date signed Jan 15 1948

(Licensed Embalmer's Statement on Reverse Side) Nevada mo

RECEIVED
District Health Officer No. 7,
District File Number 12-42-3047
Date Filed 7-20-48

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 Not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Mike E. Ferry

Licensed Embalmer No. 1483

P. O. Address Nevada Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.