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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32775**
Registrar's No. **24**

Registration District No. **144**

Primary Registration District No. **5562**

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

1. PLACE OF DEATH:
 (a) County Iron
 (b) City or town Acadia Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home for aged Baptists
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr. 4 1/2 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Harriet L. Sampson
3. (b) If veteran, name war ✓
3. (c) Social Security No. none

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Sampson **6. (c) Age of husband or wife if** alive deceased years
7. Birth date of deceased October 6, 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 26
 If less than one day _____ hr. _____ min.

9. Birthplace Cassell County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business hus home

12. Name Isaac Dugan

13. Birthplace State of Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Susan Shinn

15. Birthplace State of Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Jud H. Burney
(b) Address Fronton, Md.

17. (a) (Burial, cremation, or removal) _____ **(b) Date thereof** _____
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 11-3-48 **(b)** Wes Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Iron
 (c) City or town Rural - Acadia
(If outside city or town limits, write "RURAL.")
 (d) Street No. 1/2 Mile East on Highway 70
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd
 year 1948 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from 9-28 1948 to 10-2-48 1948
 that I last saw her alive on 10-1-48 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death acute bilateral bronchial pneumonia Duration 10-1-48

Due to Influenza ?

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy B3F

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? _____

While at work? _____ (Specify type of place)
23. Signature R. E. Harland (M. D. or other)
 Address Fronton, Md. Date signed 10-2-48

RECEIVED

Health Officer No. 4

File Number 1148-138

Date Filed 11-8-48

DEC 2 1948

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 *Lyle H. White*

Licensed Embalmer No. 4295

P. O. Address *Ironton, 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.