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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED DEC 13 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36204

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1064

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 hours
In this community 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Johnsaon 9??
(c) City or town Spadra
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Laura Alice Sams

3. (b) If veteran, name war Unknown 3. (c) Social Security No. X

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Luther Sams 6. (c) Age of husband or wife if alive ? 1389 years

7. Birth date of deceased February 23, 1389
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 13 If less than one day hr. _____ min.

9. Birthplace Newcastle Indiana /
(City, town, or county) (State or foreign country)
Housewife

10. Usual occupation

11. Industry or business In Home

12. Name John Ball

13. Birthplace Newcastle Indiana /
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Spain

15. Birthplace Unknown Iowa /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert Weeks

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 12/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berrville, Arkansas

18. (a) Signature of funeral director Gorman-Scharpf Funeral Home

(b) Address Springfield, Missouri

19. (a) 12-8-48 (b) W. E. Hensley (Registrar's signature) 111
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th.
year 1948 hour 5 minute 49 P. M.

21. I hereby certify that I attended the deceased from Dec 5, 1948, to Dec 6, 1948;
that I last saw her alive on Dec 6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Duration 7 days.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 200

Major findings: Of operations _____

Of autopsy Multiple abscesses of lungs, liver, & spleen

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? _____

Home (Specify type of place) _____
While at work? _____ (c) Means of injury _____

23. Signature R. Wendell Stewart (M. D. or other) M.D.
Address 2030 Professional Bldg. Springfield, Mo. Date signed Dec 9 1948

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

MOTHER FATHER

VS
MAR 23 1960

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.....

Gene C. Hunter

Registered Apprentice No. *291*

working under my personal supervision.

Signed *L. Pauline Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield Md*

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.