

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19770
2846

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2846		
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 60 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		563		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2526 MONTGALL AVENUE				d. STREET ADDRESS (If rural, give location) 3526 MONTGALL AVENUE				
3. NAME OF DECEASED (Type or Print) ANNA D. SAMPSON			4. DATE OF DEATH (Month) (Day) (Year) JUNE-28-1949					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN.-16-1863		
9. AGE (In years last birthday) 86 YRS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) ILLINOIS		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME LOUIS JOSSI		13b. MOTHER'S MAIDEN NAME MINERVA JANE MOORE		14. NAME OF HUSBAND OR WIFE EDWARD M. SAMPSON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS DELLA SAMPSON 3526 MONTGALL AVENUE KANSAS CITY, MO.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility					INTERVAL BETWEEN ONSET AND DEATH 10 days 33 IX	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 6/10, 1949, to 6/28, 1949, that I last saw the deceased alive on 6/28, 1949, and that death occurred at 11:55 P.M., from the causes and on the date stated above.								
23a. SIGNATURE R. A. Williams (Degree or title) R. A. Williams M.D.				23b. ADDRESS 5400 St. John Ave. K.C. Mo.		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY-2-1949		24c. NAME OF CEMETERY OR-CREMATORY MT. WASHINGTON CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
DATE REC'D BY LOCAL REG. 7-2-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P.W. Newcomer's Sons 1331 BRUSH CREEK BLVD. KANSAS CITY, MO.				

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed:

W. J. Springer

Signed.....
Student Embalmer

Licensed Embalmer No. *3958*

P. O. Address *Kansas City*

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.