REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6108
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan 2 Registration District No. 85
(b) Township 1 Primary Registration District No. 1001 Registered No. 183
(c) City St.Joseph, (d) Street No. 1204 So.33rd.St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dr.John Henry Sampson 512
(a) Residence, No. 1204 So.33rd.St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary J.Sampson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan,29,1857

7. AGE: YEARS 81 | MONTHS 0 | DAYS 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DeKalb, Mo. 0

FATHER
13. NAME: Benjamin Sampson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Knoxville, Ill. 1

MOTHER
15. MAIDEN NAME: Eliza Jane Ewell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elkhart, Mo.

17. INFORMANT (ADDRESS): Dr.C.M.Sampson St.Joseph,Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Cemetery DATE Feb,12,1938

19. FUNERAL DIRECTOR (ADDRESS): Walter Meierhoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED 2/11 1938 W J Hastlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb,10,1938 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1938 to Feb 10, 1938
I last saw him alive on Feb 9, 1938. Death is said to have occurred on the date stated above, at 9.10 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	1-23-38
108	

Other contributory causes of importance:

Cystitis acute	1-16-38
Arteriosclerosis	unknown

Name of operation none Date of —
What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E. M. Shores, M. D.
(Address) Kirkpatrick Bldg, St.Joseph,Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOTE: Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Wilbur H. Kelly, Licensed Embalmer No. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Wilbur H. Kelly

Licensed Embalmer No. Mo. 3946

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.)