

AUG 23 1938

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

24632

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 30
(b) Township Kings Prarie #1 Primary Registration District No. 5042 Registered No. 28
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Bessie Samuels
(a) Residence, No. Jenkins Missouri St. Jenkins Mo
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. E. Samuels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 8 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo.

FATHER 13. NAME C. C. Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo

MOTHER 15. MAIDEN NAME Cora Bell Stribling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) B. E. Samuels
Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kings Prarie DATE July 12 1938

19. FUNERAL DIRECTOR (ADDRESS) King Funeral Home
Aurora Missouri

20. FILED 7-12-38 W. M. West
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to July 10, 1938.
I first saw h. e. alive on July 10, 1938. Death is said to have occurred on the date stated above, at 8/20A AM.
The principal cause of death and related causes of importance were as follows:

Myocardial Chama
Nitral stria

Date of onset

1934

Other contributory causes of importance: 92%

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) Frank Perry, M. D.
(Address) Manassas Mo

MAR 8 1953

STATEMENT BY LICENSED EMBALMER

I, J. H. King, Licensed Embalmer No. 7529
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. H. King
Licensed Embalmer No. 7529

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