REC'D JAN 16 1939

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

44591
Do not use this space.

1. PLACE OF DEATH
(a) County Saline
(b) Township
(c) City Marshall
Registration District No. 796
Primary Registration District No. 3038
Registered No. 188
(d) Street No. Fitzgibbon Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel Farrington North
(a) Residence, No. Grays Summit, Mo. 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 Nancy Hardeman North

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27th, 1862

7. AGE: Years 76 | Months 3 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Insurance Sales-
9. Industry or business in which work was done, as saw mill, bank, etc. man, & Retired Farmer
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) Grays Summit Missouri 0

FATHER
13. NAME Thomas Baker North
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grays Summit Missouri 0

MOTHER
15. MAIDEN NAME Susan Hundley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Missouri 0

17. INFORMANT Mr Marshall Pile
(ADDRESS) Marshall, Mo. Route # I.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grays Summit, Mo DATE Dec. 30 1938

19. FUNERAL DIRECTOR (NAME) Campbell-Lewis,
(ADDRESS) Marshall, Mo.

20. FILED 12-29 1938 Mary Kent Dep. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1938, to Dec. 28, 1938
I last saw h alive on Dec. 28, 1938. Death is said to have occurred on the date stated above, at 10 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis.	
Other contributory causes of importance:	
Heart block —	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) [illegible], M. D.
(Address) Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. ALL SPACES SHOULD BE FILLED. Information should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/10/39

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, ...
Jas. N. Lewis, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Jas. N. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall Mo

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

If this body is not embalmed, above space should be left blank.