

**NOV 17 1940**  
Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **3880**

1. PLACE OF DEATH: **Jackson**

(a) County **Kansas City**

(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Mary's Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days**  
(Specify whether)

In this community **15 years**  
years, months or days

3. (a) PRINT FULL NAME **Mrs. Myrtle Betty Sampson**

3. (b) If veteran, name war **XX** 3. (c) Social Security No. **No**

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Russell L. Sampson** 6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased **March 28 1895**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>45</b>	<b>6</b>	<b>8</b>	<b>hr. min.</b>

9. Birthplace **Lexington Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **!**

12. Name **J. C. Stapleton**

13. Birthplace **Ky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Stapleton**

15. Birthplace **Ky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Russell L. Sampson**

(b) Address **3803 East 39th St.**

17. (a) **Removal** (b) Date thereof **10-8-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lexington, Mo.**

18. (a) Signature of funeral director **J. M. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **10-7-40** (b) **M. M. Grome**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3803 East 39th St.**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **6th**  
year **1940** hour **1** minute **45** P.M.

21. I hereby certify that I attended the deceased from **Sept 29<sup>th</sup> 1940** to **Oct 6<sup>th</sup> 1940** that I last saw her alive on **Oct 6** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Stenosis** Duration **10 years**

Due to **Styptemian**

Due to **Cerebral Stenosis**

Other conditions **131**

(Include pregnancy within 3 months of death)

Major findings: Of operations **No Surgery**

Of autopsy **As described**

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? **!**

While at work? **!** (Specify type of work) (Specify nature of injury)

23. Signature **Paul F. Storkney** (M. D. or other) **M.D.**

Address **Regyll Bldg** Date **Oct 7 1940**

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

MOTHER FATHER

**STÁTÉMENT 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

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*A. R. Haunschild*

Licensed Embalmer No.

*4157*

P. O. Address

*R. C. M*

**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.**