

No. 2  
4-13-40  
5-17-39  
PI X23159

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 337

14  
2  
2

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Stanton

(c) Name of hospital or institution: State Hospital #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Mo. 20 days  
(Specify whether years, months or days) 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cooper

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

(d) Street No. 0  
(If rural, give location)

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

3. (a) PRINT FULL NAME William Sampson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15  
year 1940 hour 4 minute AM.

3. (b) If veteran, name war None 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from Aug. 14, 1940, to Dec. 15, 1940; that I last saw him alive on Dec. 14, 1940; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

Immediate cause of death Cancer of lower lip

Duration ?

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 20 1868  
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 45  
(Include pregnancy within 3 months of death)

9. Birthplace Danville Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Sampson

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

14. Maiden name Martha Rumbault

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

16. (a) Informant State Hospital Record

(b) Address Stanton Mo.

17. (a) Removal (b) Date thereof Dec 15-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville

18. (a) Signature of funeral director Stegner-Koenig

(b) Address Boonville Mo

19. (a) Dec 15 1940 (b) P. N. Crews  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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? NO

(Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_

23. Signature W. R. Pope (M. D. or other) 1

Address Stanton Mo Date signed 2/15/40

---

---

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

*James W. Stegner*

Licensed Embalmer No. *3780*

P. O. Address.....

*Brownell, Mo.*

**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.**