DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35501

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 293

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution St. Elizabeths Hos (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Marion
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JACOB BURDETT SAMS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 5 (Month) 23 (Day) 1877 (Year)
8. AGE: Years 64 Months 5 Days 1 If less than one day hr. min.
9. Birthplace Marion County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer & Trader
11. Industry or business
MOTHER FATHER
12. Name Wm B. Sams
13. Birthplace Marion Co. (City, town, or county) Mo. (State or foreign country)
14. Maiden name Sarah Yater
15. Birthplace Marion Co. (City, town, or county) Mo (State or foreign country)
16. (a) Informant's own signature Sara F Sams
(b) Address Philadelphia Mo.
17. (a) Palmyra Mo (Burial, cremation, or removal) (b) Date thereof 10-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director A M Sprague
(b) Address Palmyra Mo
19. (a) 11-6-41 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 24 year 1941 hour 12:45 minute P. M.
21. I hereby certify that I attended the deceased from 11-10, 1941, to 10-24, 1941; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic Ileus - Duration 7 da
Due to Fracture Vertebra
Due to
Other conditions (Include pregnancy within 3 months of death)
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) Fell on embankment
(b) Date of occurrence 1941 10-10-41
(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? Public place - highway (Specify type of place)
While at work? No (e) Means of injury
23. Signature J. Handley M.D. (M.D. or other)
Address Hannibal Mo Date signed 11-5-41

(Licensed Embalmer's Statement on Reverse Side)

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

MARGIN RESERVED FOR BINDING

N. B.—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 impor

Rev. 5-17-39
F X16511

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 my self, Registered Apprentice-No. /, working under my personal supervision.

Signed R M Sprague

Licensed Embalmer No. 999

P. O. Address

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, above space should be left blank.

V. S. No. 2B
10M—8-21-41
I X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 35501

Registration District No. 547 Primary Registration District No. Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Marion

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jacob B. Sams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 23 (Day) 1875 (Year)

8. AGE: Years 64 Months 5 Days 1 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Paralytic Ileus	1 week
Due to Fractured Vertebra ~~Acute~~ accident	10 days
Due to	
Other conditions (Include pregnancy within 3 months of death) 186a.	

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) Slipped accident on
(b) Date of occurrence embankment
(c) Where did injury occur? Public Highway (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? about business (e) Means of injury

23. Signature J. C. Haidesty (M. D. or other)
Address Hannibal Date signed 12-12-41

JAN 3 0 1942

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