

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Missouri 34241-42

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18421

State File No. 49

FILED MAY 26 1942
Registration District No. 963

Primary Registration District No. 5692

Registrar's No. 227

1. PLACE OF DEATH:
(a) County one Donald
(b) City or town one York Mills, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Transit years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 901 1/2 N Rogers
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES CLYDE SAMMS
(b) If veteran, name war none
(c) Social Security No. 444-096921

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day May
year 1942 hour not known minute _____
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.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Maggil 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 9 1904
(Month) (Day) (Year)

Immediate cause of death accidental drowning Duration _____
Due to Found dead in River
Other conditions (Include pregnancy within 3 months of death) 183-3
Major findings: 2 1/2
Of operations _____
Of autopsy _____

8. AGE: Years 38 Months 2 Days 14 If less than one day hr. _____ min. _____

9. Birthplace near 1 Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business ---

12. Name Louis F. Samms

13. Birthplace near Mo all 1
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Gene Gray

15. Birthplace near 1 Kan 1
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Samms

(b) Address 718 S Little St Scott Kan

17. (a) Burial (b) Date thereof May 9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herrietta Kan

18. (a) Signature of funeral director R. E. Cleathorn

(b) Address Anderson Mo

19. (a) May 5-1942 (b) J. C. Alexander
(Date received by registrar) (Registrar's signature)

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) accident
(b) Date of occurrence May 3-1942 060
(c) Where did injury occur? near 3-1942 MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work: _____ (Specify type of place) (e) Means of injury _____
23. Signature J. B. Duck (M. D. or other)
Address Med Mo Date signed 6-6-42

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

465

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 542-742

Date Filed MAY 25 1942

DEC 1 1942

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 me

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

Signed Richard E. Chesham

Licensed Embalmer No. 3813

P. O. Address Anderson, Ind.

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.