

No. 2  
-1-4-41  
5-17-39  
I X26300

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

18421-42  
AUG 28 1942 34271

FILED NOV 7 1942

# STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 196

Primary Registration District No. 11309

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County. one Donald

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

(c) Name of hospital or institution:  
none 3  
(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. Green 39

(c) City or town. Springfield 2  
(If outside city or town limits, write "RURAL") 6

(d) Street No. 9014 Rogers  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES ELYDE SAMMS

3. (b) If veteran, name war. none

3. (c) Social Security No. 444-09-6921

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3  
year 1942 hour not known minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

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. Feb 9 1884  
(Month) (Day) (Year)

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death. Accidental  
Asphyxiation

Due to Foreign death in  
Asphyxiation

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

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 58 Months 2 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Painter

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

MOTHER FATHER { 12. Name Louis J. Samms

13. Birthplace Mason Co. Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Paul Bray

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

16. (a) Informant J. Lloyd Samms

(b) Address 712 E. Little J. T. Scott Ho.

17. (a) Burial (b) Date thereof May 8 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Greenview Kansas

18. (a) Signature of funeral director H. C. Chesterson

(b) Address Anderson, Mo.

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

Major findings: \_\_\_\_\_

Of operations. \_\_\_\_\_

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify). Asphyxiation

(b) Date of occurrence May 3-4 1942

(c) Where did injury occur? near Westwood Ho  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place  
(Specify type of place)

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

23. Signature J. O. Buck (M.D. or other)  
Address Anderson Mo. Date signed May 6 42

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

5000

1309

(Licensed Embalmer's Statement on Reverse Side)

S-18421



**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. Cleatham

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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 196

Primary Registration District No. 5716-4308

Registrar's No. ....

1. PLACE OF DEATH:

(a) County McDonald  
(b) City or town Roll  
(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 Transish  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 901 1/2 W Boyers  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Clyde Samms

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. 44-09-692

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced: Y

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

7. Birth date of deceased: Feb. 9 1884  
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 2 If less than one day \_\_\_\_\_ min.

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

10. Usual occupation: Teacher

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

12. Name: Louis F. Samms

13. Birthplace: Mason Co. Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name: Rebecca Jane Gray

15. Birthplace: Q. Meigs, Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant: Floyd Samms

(b) Address: 718 S. Little St. Scott, Kans

17. (a) Burial (b) Date thereof: May 8, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Dequetta, Kansas

18. (a) Signature of funeral director: R. E. Cheatham

(b) Address: Anderson, Mo.

19. (a) \_\_\_\_\_ (b) Miss M. George  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 3 Year 1942 Hour 10:00 P.M. AM

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I first saw him \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Accidental Drowning  
Due to: Found dead in river

Due to: \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Duration

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 - Drowning

(b) Date of occurrence: May 3 - 1942

(c) Where did injury occur?: Roll, Mc Donald Co. Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place  
(Specify type of place)

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

23. Signature: S. B. Buck (M. or other officer)

Address: Anderson, Mo. Date signed: May 6, 1942

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

MOTHER FATHER

SUPPLEMENTARY

(52) 18421