

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

25113
Do not use this space.

FILED AUG 7 1943

1. PLACE OF DEATH
 (a) County Iron Registration District No. 144
 (b) Township _____ Primary Registration District No. 4234 Registered No. 34
 (c) City Ironton (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lester Lyle Sams
 (a) Residence, No. _____ St. (If nonresident, give city or town and State) _____
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Evelyn Sams (or) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1898
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 4 25
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Line foreman
 9. Industry or business in which work was done, as saw mill, bank, etc. Arkansas Mo. P. Co.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Princeton, Missouri (STATE OR COUNTRY)

FATHER 13. NAME Wesley Sams
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Williby
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Mrs. L. L. Sams (ADDRESS) Ironton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Great Bend, Kan DATE 7-27-43

19. FUNERAL DIRECTOR (NAME) Norman White & Sons (ADDRESS) Ironton, Missouri

20. FILED 7/26 1943 Virginia R. Miller Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26th, 1943
 22. I HEREBY CERTIFY, That I attended deceased from July 22nd, 1943 to July 26th, 1943
 I last saw him alive on July 26, 1943 Death is said to have occurred on the date stated above at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:

acute cardiac failure Date of onset 7/26/43
12.0 a
 Other contributory causes of importance: acute chloralosis 7/21/43

Name of operation none Date of _____
 What test confirmed diagnosis? none Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify P. E. O. Farland, M. D. 7/26/43
 (Address) Ironton, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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 important.

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RECEIVED

District Health Officer No. 4
District File Number 843-2532
Date Filed 8-6-43

AUG 11 1943

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.....

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

Signed Arvid J. White

Licensed Embalmer No. 3012

P. O. Address Clinton, N.Y.

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.