S. No. 2
1—1-4-41
7. 5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 2 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28054

Registration District No. 82 | Primary Registration District No. 4144 | Registrar's No. 97

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Pilot Grove (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: None (Specify whether years, months or days) In this community: 8 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cooper 27
(c) City or town: Pilot Grove (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3. (a) PRINT FULL NAME: SAMUEL-HOUSTON-BEST
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NO.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mae L. Best Deceased
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct (Month) 23 (Day) - 1876 (Year)

8. AGE: Years: 66 | Months: 9 | Days: 16 | If less than one day: hr. min.

9. Birthplace: Knoxville (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Same
FATHER
12. Name: Isaac Best
13. Birthplace: unknown (City, town, or county) U.S.A. (State or foreign country)
MOTHER
14. Maiden name: Mae L. Wilcox
15. Birthplace: Unknown (City, town, or county) U.S.A. (State or foreign country)
16. (a) Informant: M. W. SHIER
(b) Address: Pilot Grove, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Marvin Chapel Cemetery
18. (a) Signature of funeral director: E. S. JAMES
(b) Address: CONCORDIA MO.
19. (a) Aug-12-43 (Date received local registrar) (b) Arches Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 11 year: 1943 hour: 7 minute: 25 P.M.
21. I hereby certify that I attended the deceased from: Jan. 20 1943 to 8-11-1943 that I last saw him alive on: July 28 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	30 Min
Due to: Arteriosclerosis	8 Yrs
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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: G. O. Boley (M.D. ~~or other~~)
Address: Pilot Grove, Mo Date signed: 8-12-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
File Number
Date Filed 9-1-43

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 E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.