

FILED DEC 9 1943  
Registration District No. 69

Primary Registration District No. 4120

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Christian  
(b) City or town Clewer  
(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 most of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

John I. Samuels

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 married  
6. (b) Name of husband or wife Margaret Samuels 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 29 - 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name Benjamin Samuels  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Samuels  
(b) Address Clewer, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22 - 43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Wise Hill

18. (a) Signature of funeral director J. W. Mayles  
(b) Address Clewer, Mo.  
19. (a) Nov. 26 - 43 (Date received local registrar) (b) Mary T. Spear (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian  
(c) City or town Clewer  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21  
year 1943 hour 11:00 minute 30 AM.

21. I hereby certify that I attended the deceased from April 1st, 1942, to September 21, 1942  
that I last saw him alive on November 20, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

Due to Arterial Hypertension

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

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

Major findings: Of operations J3a  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury 2

23. Signature D. H. B. Jones or other Do  
Address Clewer, Mo. Date signed 11/24/43

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

22  
0  
0

RECEIVED

District Health Officer No. 6,

District File Number 1242-1206

Date Filed DEC 7 1943

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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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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.