

FILED MAY 8 1944

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

Registration-District No. 282

Primary Registration District No. 5733

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Rural - Walnut Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. West of Elmer  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LORAH SAMPSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John D. Sampson 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased apr. 9 - 1897  
(Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Macon County Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Joseph M. Bailey

13. Birthplace Macon County Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Janquette Stanley

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

16. (a) Informant John D. Sampson

(b) Address Elmer, Mo.

17. (a) Burial (b) Date thereof Mar. 25 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunce

18. (a) Signature of funeral director Clyde McCollum

(b) Address Elmer, Mo.

19. (a) March 25 1944 (b) Minnie Freed  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1944 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from June, 1943, to Mar 22, 1944  
that I last saw her alive on Mar 22, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Liver

Due to Not due to alcoholism  
cause unknown

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

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

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

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 Harold D. Lehy (M. D. or other) Dr.

Address Elmer Mo Date signed 3-22-44

Duration

9 1/2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

1248

MOTHER FATHER

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

1038

RECEIVED

District Health Officer No. 10

District File Number ~~5-44-20649~~

Date Filed MAY 6 1944

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

*Clyde McCallum*

Licensed Embalmer No. 3226

P. O. Address

*Emer, 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.