

FILED JUN 10 1946

Primary Registration District No. 1000

Registrar's No. 618

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name Missouri Methodist Hospital
(d) Length of stay: In hospital or institution five days.
Entire life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
102 East Hyde Park
(d) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Daisy Florence Sampson.

(b) If veteran, name war NO (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

(b) Name of husband or wife (c) Age of husband or wife if alive years

7. Birth date of deceased October 6th 1881

8. AGE: Years 64 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Buchanan County, Missouri

10. Usual occupation Housekeeper

11. Industry or business James Gibson Sampson

12. Name Buchanan County, Mo.

13. Birthplace Buchanan County, Mo.

14. Maiden name Nancy Hickman

15. Birthplace Buchanan County, Mo.

16. (a) Informant Mrs. Maud Robertson.

(b) Address 102 East Hyde Park

17. (a) Burial (b) Date thereof May 13, 1946

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director E. R. Sidenfaden.

(b) Address 602 South 10th Street

19. (a) June 3, 1946 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th. year 1946 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 7, 1946 to May 10, 1946 that I last saw her alive on May 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 5 days

Due to

Due to

Other conditions

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. J. Trachsel St. Joseph Date signed 5/11

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

MOTHER FATHER

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 Mollie E. Sidenfaden Fox
Licensed Embalmer No. 04235
P. O. Address St. Joseph, 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.