

FILED AUG 25 1947

Registration District No. 173

Primary Registration District No. 4275

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Marionville  
(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 2 1/2 years (Specify whether years, months or days)  
In this community 2 1/2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Charles Augustus Samsel

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 Orilla Samsel 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October 14, 1887  
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Polo, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

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

12. Name Ephriam Samsel

13. Birthplace Maryland  
(City, town, or county) (State or foreign country)

14. Maiden name Tracy Kohrer

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

16. (a) Informant Mrs. Orilla Samsel  
(b) Address Marionville, Mo.

17. (a) Burial (b) Date thereof 7-31-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director J.B. Surridge  
(b) Address Marionville, Mo.

19. (a) Aug 7-1947 (b) Orilla Samsel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1947 hour 7 minute 10 P.A.M.

21. I hereby certify that I attended the deceased from July 26 1947 to July 26 1947  
that I last saw him alive on July 26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis  
Due to Arteriosclerotic Heart Disease  
Due to \_\_\_\_\_

Duration 39RS.

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? \_\_\_\_\_

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

23. Signature A.P. Gelfand (M. D. or other) \_\_\_\_\_  
Address Marionville, Mo Date signed 7-28-47

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

55  
22

*Dr  
Capetta*

RECEIVED  
District Health Officer No. 6,  
District File Number 847-884  
Date Filed AUG-22-1917

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 *Herman Purridge*  
Licensed Embalmer No. 3072  
P. O. Address Marionville 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.