

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Higginsville
 (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 Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lafayette
 (c) City or town Higginsville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 202 W 24th.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Maggie Lee Sammons
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 13 year 1947 hour 7 minute 30 PM.
 21. I hereby certify that I attended the deceased from Oct 4, 1947 to Oct 13, 1947 that I last saw her alive on Oct 13, 1947 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Nathan Sammons 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased Nov. 20 1879
 (Month) (Day) (Year)

Immediate cause of death Pericarditis
 Duration _____

8. AGE: Years 65 Months _____ Days 23 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Corder, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

Other conditions 90%
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Noah Jones
 13. Birthplace Don't know
 (City, town, or county) (State or foreign country)
 14. Maiden name Mattie Hunter
 15. Birthplace Don't know
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Higginsville, Mo.
 (b) Address Miss. Rev. Rogers

17. (a) Burial (b) Date thereof 10-15-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville, Mo.
 18. (a) Signature of funeral director Clayton H. Lindrum
 (b) Address Higginsville, Mo.

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 _____

19. (a) Oct. 13-47 (b) Clayton H. Lindrum
 (Date received local registrar) (Registrar's signature) 154

23. Signature Leon Sawyer (M. D. or other) DC
 Address Higginsville, Mo. Date signed 10/15/47

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

4
2
1

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-30-47

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 Forrest S. Hooper

Licensed Embalmer No. 4358

P. O. Address Hopkinsville, TN

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.