

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27068
Registrar's No. 82

Registration District No. 217 Primary Registration District No. 3045

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
711 Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 55 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anthony Samson
3. (b) If veteran, name war Not Known 3. (c) Social Security No. Not Known

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary E. Sampson, Dec'd. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 1, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 11 20 hr. min.

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

10. Usual occupation Retired Cooper

11. Industry or business None
12. Name Killian Sampson
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Helen Fehr
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lela Brown
(b) Address Charleston, Missouri

17. (a) Burial (b) Date thereof 8-23-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem., Charleston

18. (a) Signature of funeral director Joe R. Nunnelle, Mo.
(b) Address Charleston, Missouri

19. (a) 9-11-48 (b) Mrs. John Bondurant
(Date received local registrar) (Registrar's signature) 1948

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi 67
(c) City or town Charleston 1
(If outside city or town limits, write "RURAL") 20
(d) Street No. 711 Main St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st
year 1948 hour 10:00 minute 40 AM.
21. I hereby certify that I attended the deceased from March 8, '48 to Aug 21, 1948
that I last saw him alive on Aug 20, 1948
and that death occurred on the date and how stated above.

Immediate cause of death Carcinoma of lung (secondary)
Due to Carcinoma of prostate (primary) DK.
Due to _____

Other conditions Carcinomatous
(Include pregnancy within 3 months of death)

Major findings: Fluid in left pleural cavity (aspirated)
Of operations _____
Of autopsy none 51B

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) (e) Means of injury _____
23. Signature E. Charles Lewis (M. D. or other) 9/2/48
Address Charleston, Mo. Date signed _____

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 948-115

Date Filed 9-13-48

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 Joe R. Munnellee

Licensed Embalmer No. 4413

P. O. Address Charleston, 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.