

FILED JAN 7 1949

Registration District No. **47**

Primary Registration District No. **5764**

Registrar's No. **367**

1. PLACE OF DEATH:

(a) County **CALLAWAY**
(b) City or town **RURAL Fulton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **R.F.D. #6**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **1 yr** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CALLAWAY**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. #6 FULTON, MO.**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **RACHEL 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 **SINGLE**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased **OCT 2 1866**
(Month) (Day) (Year)

8. AGE: Years **82** Months **3** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **CALLAWAY Co. MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER**

11. Industry or business _____

MOTHER FATHER { 12. Name **MONROE SAMPSON**
13. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country)
14. Maiden name **PERMENA SHAW**
15. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country)

16. (a) Informant **C.S. WALKER**
(b) Address **MILLERSBURG, MO**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **DEC. 27, 1948** (Month) (Day) (Year)
(c) Place: burial or cremation **HAMS PRAIRIE, MO**

18. (a) Signature of funeral director **Wm. J. Magee**
(b) Address **712 Cent. Fulton, Mo.**

19. (a) **Dec 27-1948** (Date received local registrar) (b) **Joan Morankhoff** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **25** year **1948** hour **11** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **6-10**, 19**48**, to **12-25**, 19**48** that I last saw her alive on **12-25**, 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death **Anemia** Duration _____

Due to **Chronic Gastric Catarrh & Colitis**

Due to _____
Other conditions **Chronic Bronchitis**
(include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy **120**
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) (e) Means of injury **0**

23. Signature **W. O. Payne** (M. D. or other) Address **R # 6 Fulton** Date signed **12-27-48**

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
JAN 6 1949

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..... *Glen G. Magri*
Licensed Embalmer No. *2725*
P. O. Address..... *Fulton, 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.