

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39006
Do not use this space.

REC'D DEC 11 1939

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85

(b) Township St. Joseph Primary Registration District No. 100

(c) City St. Joseph (d) Street No. 3907 Terrace Ave. St.

(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lois Flowers Sonner

(a) Residence, No. 3907 Terrace Ave. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred D. Sonner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1896

7. AGE YEARS 43 MONTHS 0 DAYS 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Macon (STATE OR COUNTRY) Missouri

13. NAME Jacob Andrew Snarr

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Minnie Gray

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Alfred D. Sonner (ADDRESS) 3907 Terrace Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE Nov. 4, 1939

19. FUNERAL DIRECTOR (NAME) Clark Mortuary (ADDRESS) 5025 King H. 11 Ave.

20. FILED Nov. 3, 1939 A. J. Heitbrun Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939 to Nov 2, 1939

I last saw h. alive on Nov 2, 1939 Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

Eng. Hypertension

Date of onset 11/1/39

Other contributory causes of importance: None

Name of operation Chinical Date of no

What test confirmed diagnosis? Chinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) A. J. Heitbrun M. D. (Address) St. Joseph, Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. NO. 2.
50M-9-19-38
I X16603

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, ~~at~~ by Nov. 2, 1939

....., Registered Apprentice No.
working under my personal supervision.

Signed *Emil Clark*

Licensed Embalmer No. 3476

P. O. Address St. Joseph

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, above space should be left blank.