DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7970

Registration District No. 7[illegible] Primary Registration District No. [illegible] Registrar's No.

1. PLACE OF DEATH:
(a) County St Clair Cen[illegible]
(b) ~~City or town~~ Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
In this community 18 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Clair
(c) City or town Appleton City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME ALSIS T. SNETHEN 535

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Fem

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Gentry Snethen

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

7. Birth date of deceased Sept (Month) 8 (Day) 1855 (Year)

8. AGE: Years 84 Months 4 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housekeeping 1

11. Industry or business 0

FATHER
12. Name James W Craig
13. Birthplace Ky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emaline Leach
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Forest Snethen
(b) Address Appleton City #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Teyes Chapple

18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo

19. (a) 1-10-1940 (Date received local registrar) (b) James R Carter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1940 hour 12 am minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1936, 19.., to Jan 11, 1940
that I last saw her alive on July 1, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Clause unknown

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. L. Hansen (M. D. or other) 1
Address Appleton City Date signed 1-11-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 7,
District File Number 3-40-432
Date Filed 3-11-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.