

13-40
7-39
X23199

FILED NOV 15 1940

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 3 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. Smelter Hill Addition
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
year 1940 hour 3 minute 45 a.m.

21. I hereby certify that I attended the deceased from 10-4, 1940 to 10-4, 1940;
that I last saw him alive on 10-4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Portable chocolate
Due to (seen just before death)
Due to _____
Other conditions 11/19
Major findings: Of operations _____
Of autopsy _____

Duration ?
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Roy Raymond Snow

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased September 8, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation No.

11. Industry or business No.

12. Name Roy Snow

13. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Fern Weaver

15. Birthplace Washington
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Snow

(b) Address Smelter Hill Addition Joplin Mo.

17. (a) Burial (b) Date thereof Oct. 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem

18. (a) Signature of funeral director Herbert Lund Co.

(b) Address Joplin Missouri

19. (a) 10-9-40 (b) W. S. James
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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? 377
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Herbert Lund (M. D. or other) MD
Address Joplin, Mo. Date signed _____

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

Moody

40-11-508

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.....

Sam E. Sweeney

Licensed Embalmer No. 4099

P. O. Address.....

Joplin 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.