

WHILE 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.

FILED MAR 19 1941

Registration District No. 586

Primary Registration District No. 3-7-84

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Rural - So. Fork Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 9 mi So. of Paris Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 9 mi So of Paris
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME LURA SNIDON DELANEY

3. (b) If veteran, name war ✓ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife DAVID ALEXANDER DELANEY 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased APR. 17, 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 11 If less than one day hr. _____ min. _____

9. Birthplace MONROE CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ✓

MOTHER FATHER { 12. Name JOSH SNIDON

18. Birthplace VA.
(City, town, or county) (State or foreign country)

14. Maiden name LEANDER SNIDON

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

16. (a) Informant's own signature Laura Delaney
(b) Address PARIS, MO

17. (a) BURIAL (b) Date thereof MAR. 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOLLIDAY, MO.

18. (a) Signature of funeral director Laura Delaney
(b) Address PARIS, MO

19. (a) 2-28-41 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-27, 1941, to 2-28, 1941; that I last saw her alive on 2-28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis and myocardial degeneration
Duration 4 K.

Due to _____
Due to HTA

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____
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? _____

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

23. Signature F. A. Barnett (M. D. or other) MD
Address PARIS, MO. Date signed 2-28-41

RECEIVED

District Health Officer No. 10

District File Number 3-41-627

Date Filed MAR 14 1941

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 A. H. Blakey

Licensed Embalmer No. 2614

P. O. Address Paris, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7634

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 586

Primary Registration District No. 3784

Registrar's No.

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town So. Fork Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Lura Snidow De Laney

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex F

5. Color or race W

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

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

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

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 11
If less than one day..... hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
{ 12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) Frank (b) Edna Drake
(Date received local registrar) (Registrar's signature)

Feb. 28 - 1941

DEATH CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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 F. A. Barnett (M. D. or other).....

Address Paris Mo Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

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

