

No. 2
4-13-40
-17-39
I X23159

APR 3 1941

Registration District No. **113**

Primary Registration District No. **5559C.**

Registrar's No. **10**

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Marion, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jasper Co. H.C. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr 7 mo
 (Specify whether 0)
 In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1014 No National
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Charles Edward Snow
 3. (b) If veteran, name war no
 3. (c) Social Security No. 49-03-1008

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased May 27 1900
 (Month) (Day) (Year)

8. AGE:	Years <u>40</u>	Months <u>9</u>	Days <u>22</u>	If less than one day hr. _____ min. _____
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9. Birthplace Springfield, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Trunkman, Factory

MOTHER FATHER
 11. Industry or business _____
 12. Name Charles H. Snow
 13. Birthplace Peunsum 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Corey C. Sampson
 15. Birthplace Peunsum 1
 (City, town, or county) (State or foreign country)

16. (a) Informant Records
 (b) Address _____

17. (a) Burial (b) Date thereof 3-24-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Webb City and Co.
 (b) Address Webb City, Mo.

19. (a) MCH 22 41 (b) G. L. Hutchins
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 27
 year 1941 hour 3 minute 42 M.

21. I hereby certify that I attended the deceased from Aug 27 1938 to March 27 1941
 that I last saw him alive on March 21 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Tuberculosis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
 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?
377 (Specify type of place) (e) Means of injury _____

23. Signature W. E. Dacey (M. D. or other) _____
 Address Webb City, MO Date signed 3/27/41

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

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 *myself*

....., Registered Apprentice No.

working under my personal supervision.

Signed: *Clayton M. Johnston*

..... 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, fact should be so stated above.