

MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14198

State File No. _____

Registration District No. 133

Primary Registration District No. 5184

Registrar's No. 2

1. PLACE OF DEATH:

- (a) County Carroll
(b) City or town Rural, Van Horn
(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 _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT

FULL NAME Lovie Ellen Snider

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

4. Sex Fe! 5. Color or race W 6. (a) Single, widowed, married Married
6. (b) Name of husband or wife Charles Snider 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 17 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 28 If less than one day hr. _____ min.

9. Birthplace Foster Twp, Carroll Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name J R Howland
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Norman
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Snider
(b) Address Bogard, Mo

17. (a) Burial (b) Date thereof 4-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Foster Cem

18. (a) Signature of funeral director Stanley

- (b) Address Carrollton, Mo

19. (a) 4-16-1941 (b) Janie Henderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Carroll
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15
year 1941 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 1 1941
to April 15 1941
that I last saw him alive on April 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death terminal emphysema Duration 5 yrs.

Due to tuberculosis lungs 25 yrs.

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

Major findings:
Of operations _____

Of autopsy _____

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

23. Signature R. Hamilton Date April 16 1941
Address Carrollton, Mo Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-10-41

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.....

Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address. *Carrollton, 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.