

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF VITAL RECORDS
FILED JUN 18 1942

Registration District No. 253

Primary Registration District No. 53535351 A

Registrar's No. 4

31
6
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Rural Jackson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 12 Miles East Gallatin, 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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town Rural Jackson Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 12 Miles East Gallatin (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULLNAME Lucy Phena Snider

3. (b) If veteran, name war None 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 Joseph Snider 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased May 27 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 27 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Archibald S. Youtsey
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Marion B. George
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Snider
(b) Address Lock Springs, Mo.

17. (a) Burial (b) Date thereof 5-11-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cemetery

18. (a) Signature of funeral director Hope Terry Ford, Jr.

(b) Address Gallatin, Mo.

19. (a) 6-2-1942 (b) H. D. Richardson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1942 hour 1 minute 25 P. M.

21. I hereby certify that I attended the deceased from April 10th 1942 to May 10th 1942
that I last saw her alive on May 10th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Left Breast
Due to 9 years

Due to _____

Other conditions (Include pregnancy within 3 months of death) 158

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 J. B. Grohau (M. D. or other) _____
Address John Deere Ave Date signed June 2, 1942

Duration

about 6 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

L. O. Richerson

Licensed Embalmer No.

3302

P. O. Address

Gallatin 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.