

FILED OCT - 14 1942

Registration District No. 170

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wallace Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr (Specify whether
In this community 1 hr years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE
(c) City or town ARX KNOB MO
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HELEN ELIZABETH SNAVELY

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 SINGLE
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years (Day) (Year)

7. Birth date of deceased. AUG 8 1941
(Month) (Day) (Year)

8. AGE: Years 1 Months 1 Days 20 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name JOE A. SNAVELY
13. Birthplace NORWOOD MO
(City, town, or county) (State or foreign country)
14. Maiden name EMILY E STUCKI
15. Birthplace HELLENA MO
(City, town, or county) (State or foreign country)

16. (a) Informant Joe A. Snavely
(b) Address Big Knob Mo.

17. (a) Burial (b) Date thereof 9 30 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NORWOOD MO

18. (a) Signature of funeral director PALMER'S

(b) Address LEDANON MO

19. (a) Sept-28-42 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 28
year 1942 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Sept 27 to Sept 28 1942 that I last saw her alive on Sept 28 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Bronchial)

Due to

Due to

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?

While at work? (Specify type of place) (a) Means of injury

23. Signature [Signature] (M. D. or other) MD
Address Date signed 9/28/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE PERMANENT RECORD

53
2

RECEIVED

5051

St. Louis Co. Health Dept

Whelan & Winters

Health Officer No. _____

Health File Number *11-42-151*

Date Filed *10-9-42*

091

1 BR

1 BR

HELEN FISHER (MAY)

11-11-42

1845

1845

1845

1845

accession

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 _____

Allyn DeThorge

Registered Apprentice No. *294*

working under my personal supervision.

Signed _____

Licensed Embalmer No. *1165*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30683

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Fredricks
(b) City or town Libanon
(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 _____
(Specify whether _____)
In this community _____
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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Helen E. Sranely
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Sept year 1942 minute _____ M. _____
21. I hereby certify that I attended the deceased from _____
to _____, 19____;
that I or my h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia Duration _____
Branchial

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: _____
(Month) Aug (Day) 8 (Year) _____

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

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
Due to none
Due to _____
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)
(b) 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 H. Sranely (M. D. or other) _____
Address Libanon, Mo Date signed 10/22/42

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

SUPPLEMENTARY

MOTHER FATHER

