

RECORDED APR 12 1943

Registration District No. 611

Primary Registration District No. 4369

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Seneca, Missouri
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Seneca
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Oscar Snow

3. (b) If veteran, name war..... 3. (c) Social Security No. 486-01-8759

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daisy Nolan 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 31 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 9 25 hr. min.

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

10. Usual occupation Common Laborer

11. Industry or business.....

MOTHER FATHER { 12. Name Ely Snow 9
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Lunicy Horton 9
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Oscar Snow

(b) Address Seneca, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-43
(Month) (Day) (Year)

(c) Place: burial or cremation Seneca, Missouri

18. (a) Signature of funeral director W. P. Bennett

(b) Address Seneca Mo

19. (a) 3-29-43 (Date received local registrar) (b) W. P. Bennett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1943 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from March 1, 1942 to March 1, 1943.
that I last saw him alive on 3-25, 1943
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) 13 ft 1

Major findings: Of operations.....

Of autopsy None

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? None
(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 W. P. Bennett (M. D. or other)

Address Seneca Mo Date signed 3-29-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23
4
0

440

1316

Date Received

APR 5 1943

File No. 343-42

APR 10 1943

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.....

Licensed Embalmer No. *2334*

P. O. Address *Seneca, 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.