V. S. No. 2
00M—2-43
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FILED SEP 13 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28519

Registration District No. 156 — Primary Registration District No. 2001 — Registrar's No. 480

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2020 Joplin St. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin (If outside city or town limits, write "RURAL")

(d) Street No. 2020 Joplin (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

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3. (a) PRINT FULL NAME Laura Frances Snow

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 W 2

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

7. Birth date of deceased Aug. (Month) 15 (Day) 1877 (Year)

8. AGE: Years 76 Months Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Jasper Co (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Wm. Hager
13. Birthplace Jasper Co (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Sarah Fullerton
15. Birthplace Jasper Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Pearl Leib

(b) Address 2020 Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address Joplin, Missouri

19. (a) 8-27-43 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25 year 1943 hour 6 minute 30 a.M.

21. I hereby certify that I attended the deceased from Jan. 15 — 1943, to Aug. 25, 1943 that I last saw her alive on Aug 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular-renal disease. — Duration several years.

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 131a

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? (Specify type of place)

While at work? (e) Means of injury .....

23. Signature R. L. Laney (M.D. or other)

Address Joplin, Mo. Date signed 8/24/43

(Licensed Embalmer's Statement on Reverse Side)

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43-8-75-2

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.