

Registration District No. 155

Primary Registration District No. 5577

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
1 mile S. of Asbury
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether)

In this community 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Asbury
(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 _____

3. (a) PRINT FULL NAME Grace M. Snyder

3. (b) If veteran, name war no

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 single

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

7. Birth date of deceased March 4, 1912
(Month) (Day) (Year)

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

31 5 10 hr. _____ min.

9. Birthplace Cherokee county Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Phares Snyder

13. Birthplace no data Penn
(City, town, or county) (State or foreign country)

14. Maiden name Pocahontas Roberts

15. Birthplace no data Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant father Phares Snyder

(b) Address Asbury, Missouri

17. (a) burial (b) Date thereof 8/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cemetery

18. (a) Signature of funeral director Wedge Nelson

(b) Address Webb City, Missouri

19. (a) Aug 16, 1943 (b) Mar. Willie Lege
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1943 hour 7:30 minute 9 M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw did not see her alive and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Heart failure

Due to _____

Due to _____

Other conditions 9322
(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)

23. Signature P. A. Webster
(a) Means of injury _____ (b) D. or other _____

Address Carthage, Mo Date signed Aug 16

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

49
00

49

0

14

9

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

43

48-8-701

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 *E. D. Hedger*

Licensed Embalmer No. 28159

F. O. Address. Stodd City, 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.