

FILED APR 14 1944

State File No. _____

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Springs, Mo.
(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

3. (a) PRINT FULL NAME

MARY SNIDOW

3. (b) If veteran, name war _____ 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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 25 1958
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Hawkins

13. Birthplace Ind (City, town, or county) (State or foreign country)

14. Maiden name Odiline Jones

15. Birthplace Ind (City, town, or county) (State or foreign country)

16. (a) Informant Bessie Leeper

(b) Address S. Forest, El Dorado Springs, Mo.

17. (a) Burial (b) Date thereof 3-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation El Dorado Cemetery

18. (a) Signature of funeral director Swinn-Siders

(b) Address El Dorado Springs, Mo.

19. (a) L. J. Mearns 3/30/44
(Date received local registrar) (Registrar's signature)

1646

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEAR
(c) City or town EL DORADO SPRINGS
(If outside city or town limits, write "RURAL")
(d) Street No. S. FOREST (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1944 hour 3:30 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 23 1944 to March 26 1944

that I last saw her alive on March 26 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) J3a

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 W. Dawson (M. D. or other) _____

Address El Dorado Springs Date signed 3-29-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No 7

District File Number 3-44-489

Date Filed 4-12-44

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 *O. B. Sanders*

Licensed Embalmer No. 3250

P. O. Address *Woods Spring*

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.