. S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9957

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 37

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

1. **PLACE OF DEATH:**
(a) County Pettis
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 years
years, months or days)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Jasper 47
(c) City or town Purcell 0
(If outside city or town limits, write "RURAL")
(d) Street No. rural 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alfred Snook
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Jane Snook
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 2 1873
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	1	23	hr. min.

9. Birthplace Newton Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name James Snook
13. Birthplace England
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah Cardshaw
15. Birthplace England
(City, town, or county) (State or foreign country)
16. (a) Informant Dave Mrs Zoel Foster
(b) Address Webb City, Mo
17. (a) Burial (b) Date thereof 3/28/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope
18. (c) Signature of funeral director Leland Barnes
(b) Address Webb City Mo
19. (a) Mar. 29 1945 (b) Mrs Lillie Lagle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 25
year 1945 hour 3:10 minute 0 M.
21. I hereby certify that I attended the deceased from 3-18 1945 to 3-25 1945
that I last saw him alive on 3-25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 M. D. Lawler (M. D. or other) M.D.
Address Webb City Mo Date signed 3-28-45

1184

(Licensed Embalmer's Statement on Reverse Side)

45-3-279

APR 5 1945

APR 17 1945

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 Richard Gray Lewis, Registered Apprentice No. 365, working under my personal supervision.

Signed. [illegible]

Licensed Embalmer No. 2859

P. O. Address [illegible]

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.