

STANDARD CERTIFICATE OF DEATH

24339

State File No.

FILED JUL 18 1945
Registration District No. 170

Primary Registration District No. 5636

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Osla (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Washington
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Osla (Rural)
(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 Margaret Ellen 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 Widowed

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

7. Birth date of deceased Sept. 3 1859
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Mathias Davis

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

14. Maiden name Mary Young

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

16. (a) Informant Floyd Snow

(b) Address Lebanon Mo.

17. (a) Burial (b) Date thereof 5-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. Bride

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) 6-30-45 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1945 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from 4-23 1945 to 5-5 1945
that I last saw him alive on 4-27 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____

Due to _____

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

Major findings: Of operations 930
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 J.W. Lindsey (M. D. or other) MD
Address Conway Date signed 5-19-45

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

53
0
0

Received
Laclede County Health Unit
File No. 6-45-82
Date Filed JUL 12 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.....

No Embalming....., Registered Apprentice No.....
working under my personal supervision.

Signed Dorsey M. Howe.....

Licensed Embalmer No. 4222.....

P. O. Address Lebanon, 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.