

State File No. _____

Registrar's No. 153

Registration District No. 187

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 901 N 2nd ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS
In this community 2 WEEKS
years, months or days

3. (a) PRINT FULL NAME ALPHEA AUSTIN SNAPP

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife BETTY SNAPP 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased 7 18 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation TELEGRAPH OPERATOR

11. Industry or business RETIRED

12. Name WOODFORD SNAPP

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

14. Maiden name SARAH LACEY
(City, town, or county) (State or foreign country)

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

16. (a) Informant MRS. A. A. SNAPP

(b) Address SMITHTON, MO

17. (a) REMOVAL (b) Date thereof 10-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SEDALIA, MO

18. (a) Signature of funeral director Geo. Dillard

(b) Address SEDALIA

19. (a) Oct 5-45 (b) R. R. Kennedy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS
(c) City or town SMITHTON
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 5
year 1945 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from 9-22-45 to 10-5-45
that I last saw him alive on 10-3-45
and that death occurred on the date and hour stated above.

Immediate cause of death General Paralysis of the Insan
Due to Syphilis

Other conditions (Include pregnancy within 3 months of death) 207

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) _____ (Means of injury)
23. Signature E. C. Peeler (M. D. or other)
Address Clinton Mo Date signed 10/5/45

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

District

District file No.

Date Filed

10-43-1105

11-9-43

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

L. E. Boullelin

Licensed Embalmer No.

P. O. Address.

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.