

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2311 W. 3rd St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 44 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) Missouri (b) County Jasper 49
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2311 W. 3rd St
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JAMES O. SNELL

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased June 22 1861
 (Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Wayne Co Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired 15 years

11. Industry or business Railroad Flagman

MOTHER FATHER { 12. Name no record
 13. Birthplace no record (City, town, or county) (State or foreign country)
 14. Maiden name no record
 15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant Attie Snell

(b) Address 2311 W. 3rd St

17. (a) Burial (b) Date thereof Dec 9-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem

18. (a) Signature of funeral director Therrell Dillon

(b) Address 305 W. 4th St

19. (a) 12-9-46 (b) W. Snell
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
 year 1946 hour 2 minute 15 p. M.

21. I hereby certify that I attended the deceased from 11-23-46
 _____, 19____, to _____, 1946

that I last saw him alive on Nov. 28, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility
State pneumonia

Due to _____

Due to _____

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

Major findings: 108
 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?
 _____ (Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature W. E. Keener (M. D. or other) _____

Address 311 N. 1st St Date signed 12-7-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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46-12-1066

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.....

David Dillon

Licensed Embalmer No. *3898*

P. O. Address *Joplin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.