

No. 2
12-45
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13876

FILED MAY 8 1947

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:
1213 West 9th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 55 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 44
(c) City or town Joplin
(If outside city or town limits, write "RURAL") 2
(d) Street No. 1213 West 9th Street
(If rural, give location) 50
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Belle Snyder

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

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

7. Birth date of deceased September 18 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 6 0 _____ hr. _____ min.

9. Birthplace Ash Grove Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housewife

MOTHER FATHER { 12. Name Charles L. Simmons

13. Birthplace Terre Haute Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Mae Gowell

15. Birthplace Webster Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E.E. Trimble

(b) Address 1213 West 9th Street

17. (a) Burial (b) Date thereof March 24, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetary

18. (a) Signature of funeral director Thornhill-Dillon Mort
(b) Address Joplin, Missouri.

19. (a) 3/20/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1947 hour 8 minute 15 p. M.

21. I hereby certify that I attended the deceased from Mar 18 to Mar 19 1947
that I last saw her alive on Mar 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death acute Myo Carditis shar
Infarction 3 days

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

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:

(c) 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 [Signature] (M. D. or other) _____
Address Joplin Mo Date signed 3-20 47

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

47-3-345

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 with the above constitutes grounds for revocation of license.)

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