

STANDARD CERTIFICATE OF DEATH

State File No. **29103**

Registrar's No. **294**

Registration District No. **3010**

Primary Registration District No. **3010**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St. E. Mo. Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **about 3 weeks**
(Specify whether
In this community **Most of life**
years, months or days)

3. (a) PRINT FULL NAME

Eula Snider
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 **Single**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive, years **4**
7. Birth date of deceased **1** **4** **1902**
(Month) (Day) (Year)

8. AGE: Years **44** Months **8** Days **22** If less than one day **hr.** **min.**

9. Birthplace **Lafayette** **MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **House work**

11. Industry or business **B.S. Snider**

12. Name **B.S. Snider**

13. Birthplace **Lafayette** **MO**
(City, town, or county) (State or foreign country)

14. Maiden name **E. A. Abbott**

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

16. (a) Informant **Maude Dalton**

(b) Address **Jackson, Mo.**

17. (a) **Burial** (b) Date thereof **9-28-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jackson, Mo.**

18. (a) Signature of funeral director **McCombs Funeral Home**

(b) Address **Jackson, Mo.**

19. (a) **9-28-48** (b) **E. F. McDowell**
(Date received local registrar) (Registrar's signature)

Address **Jackson, Mo.** Date signed **9-27-48**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **Cape Gir.**
(c) City or town **Jackson**
(If outside city or town limits, write "RURAL")
(d) Street No. **117 W. 1st. S. St.**
(If rural, give location)
(e) Citizen of foreign country? **N.O.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **26**
year **1948** hour **9:00** minute **0** M.

21. I hereby certify that I attended the deceased from **Nov 28**, 1947, to **Sept 26**, 1948.
that I last saw him alive on **Sept 26**, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death **Metastatic Carcinoma**

Due to **Carcinoma of Rectum**

Due to

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

Major findings: **Carcinoma of Rectum**
Of operations

Of autopsy **None**

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 **E. F. McDowell** (M. D. or other)

Address **Jackson, Mo.** Date signed **9-27-48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4

District File Number 1048-123

Date Filed 10-4-48

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 _____

Licensed Embalmer No. 40555

P. O. Address Jackson

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.