JAN 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

45016
Do not use this space.

1. PLACE OF DEATH
(a) County Cass — Registration District No. 156
19 (b) Township Grand river — Primary Registration District No. 3219 — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura Jeanne Snow
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 — 1937

7. AGE: Years — Months — Days — If LESS than 1 day, hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grand River Twship Cass Co Mo.

FATHER
13. NAME Roy C. Snow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lone Jack Mo

MOTHER
15. MAIDEN NAME Dora May Canaday
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsville Mo

17. INFORMANT Mrs Roy C Snow
(ADDRESS) Harrisonville Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Orient Cem DATE Dec 6 37
Harrisonville Mo

19. FUNERAL DIRECTOR Atkinson Bros
(ADDRESS) Harrisonville Mo

20. FILED Dec 6 1937 E. M. Griffith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h. — alive on — ....., 19..... Death is said to have occurred on the date stated above, at 8:48 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Baby weak — lived 15 minutes

Other contributory causes of importance: 159

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) George Griffith M. D.
(Address) Garden City Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Floyd Atkinson, Licensed Embalmer No. 3920

hereby certify that the body recorded on the reverse side of this certificate was ~~embalmed by~~ Prepared for Burial by me

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed. Floyd Atkinson

Licensed Embalmer No. 3920

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.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

45-016 f
Do not use this space.

1. PLACE OF DEATH
(a) County Cass — Registration District No. 156
(b) Township Grand River — Primary Registration District No. 5219 — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura Jeanne Snow
(a) Residence, No. — St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE — DATE — 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Dec 8, 1938 Geo W Griffith
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19..
I last saw h... alive on ..., 19.. Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:
Baby weak lived 15 minutes — Date of onset
Premature Birth — 8 month baby —
Other contributory causes of importance:
Baby died before reaching the case
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Geo. Griffith, M. D.
(Address) Garden City Mo

SUPPLEMENTARY

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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