

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.

REC'D APR 7 1939

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

11694
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 611
 (b) Township Seneca Primary Registration District No. 4365
 (c) City Seneca (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 ARTHUR CLAY SNOW

(a) Residence, No. Seneca mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17-1908
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 8 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common Labourer
 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) Jeff City
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Oscar A. Snow 0
 14. BIRTHPLACE (CITY OR TOWN) Missouri 0
 (STATE OR COUNTRY)

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

17. INFORMANT O. A. Snow
 (ADDRESS) Seneca Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Seneca Mo. DATE April 1, 1939

19. FUNERAL DIRECTOR B. W. Buppard
 (ADDRESS) Seneca Mo.

20. FILED Apr 2, 1939 Merle Sparlin
 Local Registrar. 545

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10 10, 1938, to 3-30, 1939

I last saw him alive on 10 30, 1938. Death is said to have occurred on the date stated above, at 7:30 PM

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis (Date of onset 73)

Other contributory causes of importance: _____

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? no
 If so, specify _____

(Signed) W. C. Barnard, M. D.

(Address) Seneca Mo

STATEMENT BY LICENSED EMBALMER

I, Blot Buzzard, Licensed Embalmer No. 2334

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

L. E.

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

working under my personal supervision.

Signed Blot Buzzard

Licensed Embalmer No. 2334

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.)