

DEC 12 1939

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

39609
Do not use this space.

1. PLACE OF DEATH

(a) County..... GREENE ² Registration District No..... 318
 (b) Township..... Primary Registration District No..... 2001
 (c) City..... SPRINGFIELD (d) Street No. 1080 S. Main 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.

Registered No. 828**2. PRINT FULL NAME** Hollet H. Snow

(a) Residence, No. 1080 S. Main 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
 58 6 14

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

12. BIRTHPLACE (CITY OR TOWN) Springfield
 (STATE OR COUNTRY) Missouri 0

FATHER
 13. NAME Hollet Snow 0

14. BIRTHPLACE (CITY OR TOWN) Missouri 0
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Julia E. Real

16. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Jewell Snow
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Maple Park DATE Nov. 17 1939

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer
 (ADDRESS) Springfield, Mo.

20. FILED Nov 16 1939 Chas A. George
 Local Registrar

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1938, to Nov 14 1939

I last saw him alive on Nov 14 1939. Death is said to have occurred on the date stated above, at 9 a. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Adherent Peri Carditis
Chronic nephritis with edema.
 Date of onset 12/1

Other contributory causes of importance:
General Congestion of Lungs, Spleen, Liver, & Intestines

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

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) Hollet H. Snow, M. D.
 (Address) Springfield, Missouri

EX-109
67118

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 *L. Sohan Thomas*

Licensed Embalmer No. *3177*

P. O. Address *Springfield*

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

If this body is not embalmed, above space should be left blank.

X