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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21193

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 125

1. PLACE OF DEATH:

(a) County Boone 1

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 4 mos. & 28 da.

2. USUAL RESIDENCE OF DECEASED:

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(a) State Missouri (b) County Pike

(c) City or town Louisiana
(If outside city or town limits, write "RURAL")

(d) Street No. 410 Kentucky
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME MARY SNARR 560

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

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

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

7. Birth date of deceased 7 (Month) 19 (Day) 1884 (Year)

8. AGE: Years 55 Months 10 Days 20 If less than one day ____ hr. ____ min.

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

10. Usual occupation Practical nurse 9

11. Industry or business ____

FATHER
12. Name Don't Know 9
13. Birthplace ' ' (City, town, or county) ' ' (State or foreign country)

MOTHER
14. Maiden name ' '
15. Birthplace ' ' (City, town, or county) ' ' (State or foreign country)

16. (a) Informant D. C. McDaniel
(b) Address Louisiana, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Kelly Cem.

18. (a) Signature of funeral director William B. Waters
(b) Address Vandalia, Mo.

19. (a) 6/10/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from February 7, 1940, to June 9, 1940; that I last saw her alive on June 9, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Ovary	1 yr ?
Extraperitoneal abdominal abscess	?
Due to:	
Due to: 49	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy as above with mesenteric metastases

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? 74 (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Eugene Boricker (M. D. or other) 1

Address Ellis Fischel State Cancer Hospital Date signed 6/10/40

(Licensed Embalmer's Statement on Reverse Side)

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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~~ William B. Waters, Registered Apprentice No. ..... working under my personal supervision.

Signed William B. Waters

Licensed Embalmer No. 3325

P. O. Address Vandalia, M

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

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