

1940
No. 2
-11-10-39
5-17-39
-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21916**

Registration District No. **398**

Primary Registration District No. **3019**

Registrar's No. **173**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Bellevue Independence**
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location) **2**
(d) Length of stay: In hospital or institution **28 yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Polly Booker Snow**
8. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. **Female** 5. Color or race **Wht** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Joseph Carl Snow** 6. (c) Age of husband at wife if alive **50** years
7. Birth date of deceased **April 29 - 1891**
(Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
	49	1	25	

9. Birthplace **Murray Kentucky**
(City, town or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
12. Name **Sam Booker**
13. Birthplace **Unknown Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Carl Snow**

(b) Address **1224 Linden Linden Mo.**

17. (a) **Burial** (b) Date thereof **June 27-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maund Bros**

18. (a) Signature of funeral director **Catal Speaks**

(b) Address **300 So. Grand Ave. Indip. Mo.**

19. (a) **June 26/40** (b) **F. L. Cook**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Independence Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **1224 W Linden** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**
year **1940** hour **9** minute **30** AM

21. I hereby certify that I attended the deceased from **June 24**
1940 to **June 24** 19**40**
that I last saw her alive on **June 24** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cardiac dilatation**
Chylous Edema
Due to hypertensive heart disease
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **9 1/2 yrs**

Duration **2 hrs**
6018
med

Major findings: Of operations **no operation**
Of autopsy **no autopsy**

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? **360**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **C. Allen** (M. D. or other **M.D.**)
Address **Independence** Date signed **6-26-40**

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Roland P. Speaks

Licensed Embalmer No. 3604

P. O. Address Bridgeport, Mo

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, above space should be left blank.