

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24514

State File No. _____

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Barton

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

(c) Name of hospital or institution: Bickel Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Joan Snodgrass 532

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 8th, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0	0	4	hr. min.
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9. Birthplace Lamar Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Loyde Snodgrass

13. Birthplace Mackinaw, Ill
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Brittingham

15. Birthplace Foraker, Okla
(City, town, or county) (State or foreign country)

16. (a) Informant Loyde Snodgrass

(b) Address Lamar, MO.

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

(c) Place: burial or cremation Cape Girardeau Cemetery

18. (a) Signature of funeral director River Funeral Home

(b) Address Lamar, MO.

19. (a) July 12, 1940 Mrs Josephine Bryant
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th
year 1940 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 8th, 1940, to July 12, 1940; that I last saw her alive on July 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhagic Disease of newborn July 10th

Due to Hemorrhage from intestinal Tract

Due to (No birth injury involved)

Other conditions 161A
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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 _____

40 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? _____

(Specify type of place) _____

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

23. Signature Fern T. Bickel (M. D. or other) M.D.

Address Lamar, Mo. Date signed July 12, 1940

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

6
2
9

RECEIVED

District Health Officer No. 6.

District File Number 840-2465

Date Filed AUG 14 1941

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

.....
Licensed Embalmer No. 3141

P. O. Address Lamar, 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, fact should be so stated above.