DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31886

Registration District No. 449 Primary Registration District No. 4267 Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 4 hrs (Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53
(c) City or town Lebanon Mo. R-1 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eldon Dean Snow

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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 February (Month) 3 (Day) 1927 (Year)

8. AGE: Years 14 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Sedalia (City, town, or county) Nebraska (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Arthur Robert Snow
13. Birthplace Laclede Co. Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jessie Murphy
15. Birthplace Laclede Co. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Arthur R Snow
(b) Address Lebanon Mo R 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2-1941 (Month) (Day) (Year)
(c) Place: burial or cremation White Oak Pond

18. (a) Signature of funeral director
(b) Address

19. (a) 10-4-41 (Date received local registrar) (b) Ja McCoub (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 1941 hour 8 minute 40 p.m.

21. I hereby certify that I attended the deceased from 9/30/ 1941, to 9/30/ 1941; that I last saw him alive on 9/30/ 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Shock — 3-4 hrs.
Due to
Internal injuries
Due to
Trauma Right Pafilical space
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of 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) Auto - Accident
(b) Date of occurrence 9/30/41 0 53
(c) Where did injury occur? Lebanon Laclede Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Morgan - Lebanon Rd. (Specify type of place)
While at work? no (e) Means of injury Auto

23. Signature [illegible] (M. D. or [redacted]) MD
Address Lebanon Mo Date signed 10/6/41

(Licensed Embalmer's Statement on Reverse Side)

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

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 Allyn Dethrage, Registered Apprentice No. 294 working under my personal supervision.

Signed S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon Mo

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

If this body is not embalmed, fact should be so stated above.

2B
21-41
29288

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

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1. PLACE OF DEATH:
(a) County: Laclede
(b) City or town: Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Eldon D. Snow
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Feb 3, 1927 (Month) (Day) (Year)

8. AGE: Years 14 Months 2 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 11-14-41 (Date received local registrar) (b) Jas. M. Coots (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. Day 30 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Shock	
Internal injuries	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 10 c.d.	
Major findings: Of operations 2	
Of 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) accident
(b) Date of occurrence 9-30-41
(c) Where did injury occur? on County road (City or town) (County) (State) Laclede Co
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? No (e) Means of injury Car

23. Signature W. J. Warhoya (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-31886