No. 2
1-4-41
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 41919

Registrar's No. 9427

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 1985 Grace St (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1985 Grace st (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Eddie W Snovely

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex M

5. Color or race White

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

6. (b) Name of husband or wife Alberta Snovely

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

7. Birth date of deceased Dec (Month) 25 (Day) 1886 (Year)

8. AGE: Years 54 Months II Days 7 If less than one day hr. min.

9. Birthplace Clinton (City, town, or county) MO (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Jas. Snovely

FATHER 13. Birthplace Clinton (City, town, or county) Mo (State or foreign country)

MOTHER 14. Maiden name Mamie Stamps

MOTHER 15. Birthplace Clinton (City, town, or county) MO (State or foreign country)

16. (a) Informant Mrs Alberta Snovely

(b) Address 1985 Grace Springfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4 41 (Month) (Day) (Year)

(c) Place: burial or cremation Roberson praire Cemetery

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

(b) Address Springfield MO

19. (a) 12-3-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 nd year 1941 hour 1 minute 35. P.M.

21. I hereby certify that I attended the deceased from Dec. 2 1941, to Dec 2 1941 that I last saw him alive on Dec 2 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Sub-mapilary abscess	3 wks
Due to Septicemia	1 wk.
Due to	
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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M.D. or Coroner)

Address Springfield, Mo Date signed

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 Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Springfield mo

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, fact should be so stated above.