

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

2  
42  
7-39  
K32873

FILED MAR 27 1944

State File No. ....

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Boon  
(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 Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Elsie Mae Snow

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

4. Sex female / 5. Color or race white / 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Wm J. Snow / 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased July 4 1899  
(Month) (Day) (Year)

8. AGE: Years 43 Months 9 Days 26 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Isaac Smith

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

14. Maiden name Myra Stewart

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

16. (a) Informant Wm J. Snow (hus)

(b) Address Adrian Mo.

17. (a) Removal (b) Date thereof 2-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or Adrian Mo. tion

18. (a) Signature of funeral director Creighton

(b) Address Adrian Mo.

19. (a) 2-26-1944 (b) Edna H. Barber  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town Adrian  
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26  
year 1944 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 29  
1944, to Feb. 26 1944  
that I last saw h. e. v. alive on Feb. 26 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acuteromyositis,  
bronch, metastatic

Due to Acuteromyositis,  
abdomen

Due to 4311

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations dents pelvis  
inflammatory disease 2/19/43  
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.....  
(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?..... (c) Means of injury.....

23. Signature J. L. Kayfield (M. D. or other)  
Address Columbia Mo Date signed.....

1250

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-23-44

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.....

*Harold T. Browth*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Harold T. Browth*

Licensed Embalmer No. 3343

P. O. Address Adrian, Mich

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.