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7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 27 1944  
Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11033  
State File No. \_\_\_\_\_  
Registrar's No. 236

Primary Registration District No. 2000

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

39  
2  
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1. PLACE OF DEATH:  
(a) County Greenefield,  
(b) City or town Springfield,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Burge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hour  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Pennsylvania (b) County Lehigh  
(c) City or town Allentown  
(If outside city or town limits, write "RURAL")  
(d) Street No. 304 N. 14th Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Robert Fulton Snelling  
(b) If veteran, name war None  
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 10th,  
year 1944 hour 8:00 minute \_\_\_\_\_ P. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Evelyn Thorne Snelling  
6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased November 4, 1922  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-10, 1944, to 3-10, 1944  
that I last saw him alive on 3-10, 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

8. AGE: Years 21 Months 4 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Fracture Skull  
rupturing Cranium  
Fed. Bath urn  
Due to legs

9. Birthplace Allentown, Penna. /  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation Explosive Technician  
11. Industry or business Trojan Powder Company

12. Name Walter O. Snelling  
13. Birthplace Washington, D. C. /  
(City, town, or county) (State or foreign country)

14. Maiden name Marlorie G. Ring Snelling  
(City, town, or county) (State or foreign country)  
15. Birthplace Erie County, Penna. /  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Walter Snelling  
(b) Address Allentown, Pennsylvania

17. (a) Removal (b) Date thereof 3/11/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Allentown, Pennsylvania

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
(b) Address Springfield, Missouri  
19. (a) 3-13-44 (b) W. H. Handley  
(Date received by registrar) (Registrar's signature)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
173-8  
34

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 039  
(b) Date of occurrence 3-10-44  
(c) Where did injury occur? Strafford, Greene, Missouri  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On Farm (Specify type of place) Diaplace  
While at work? No (a) Means of injury CRASH  
23. Signature W. H. Handley (M. D. or other)  
Address Springfield, Mo. Date signed 3-13-44

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**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.....

*Lewis G. Scherpf*

Licensed Embalmer No.

*3810 1/2*

P. O. Address.....

*Springfield, 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.

X