

No. 2
8-43
17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16010

State File No.

FILED MAY 15 1944

Registration District No. 35-3

Primary Registration District No. 6198

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Texas

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

(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Texas ¹⁰⁷

(c) City or town Licking ⁰
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ ⁰

3. (a) PRINT FULL NAME LOUISA C. SNOW

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1944 hour 8 minute 15 A M.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife John Snow

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Sept 20, 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 10, 1944, to Apr 14, 1944
that I last saw her alive on Apr 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

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

76 6 24 hr. min.

Due to _____

Due to _____

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

10. Usual occupation Housewife

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business J.S. Owens

12. Name not known 9

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1318

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

14. Maiden name not known 9

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

16. (a) Informant Margaret Hall

(b) Address Buried

17. (a) _____ (b) Date thereof 4-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Licking, Tex

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? _____

18. (a) Signature of funeral director Smith Ferguson

(b) Address Licking MO

19. (a) 3-1-1944 (b) Maggie Wilson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Lester Kendall (M. D. or other)
Address Licking MO Date signed _____

1237

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No 5

District File Number 544291

Date Filed 5-12-44

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

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.