S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 8 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3910

State File No.

Registration District No. 373 Primary Registration District No. 4544 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Niangua
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X 1 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112
(c) City or town Niangua 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X U

3. (a) PRINT FULL NAME Lincoln Snow

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Snow
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) - 25 (Day) - 1875 (Year)

8. AGE: Years 69 Months 3 Days 1 If less than one day X hr. X min.

9. Birthplace Missouri (City, town, or county) U (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm

FATHER
12. Name John Snow
13. Birthplace Unknown (City, town, or county) U (State or foreign country)

MOTHER
14. Maiden name Sarah Steel
15. Birthplace Unknown (City, town, or county) U (State or foreign country)

16. (a) Informant Mary Snow 1
(b) Address Niangua Mo 1
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1-29-45 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ McBride
18. (a) Signature of funeral director Rex Raney
(b) Address Marshfield, Mo.
19. (a) Feb. 1 45 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
year 1945 hour minute A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1945, to Jan 26, 1945;
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Dropsey — Duration
Due to Chronic Interstitial
Due to Nephritis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 131a
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 W F Schlicht (M. D. or other)
Address Niangua Date signed 2-1-45

1344

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 243-121
Date Filed FEB 6 1945

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 [illegible]

Licensed Embalmer No. 5312

P. O. Address Marshfield, 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.