

S. No. 2
M-5-43
5-17-39
I X3667

FILED MAY 15 1945
Registration District No. 38

Primary Registration District No. 3006

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
Boone County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 108 Park Hill
(If rural, give location)

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

3. (a) PRINT FULL NAME CARRIE SNEDEKER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1945 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from February 20, 1945, to April 28, 1945,
that I last saw her alive on April 27, 1945,
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ephraim O. Snedeker

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

7. Birth date of deceased 2 - 9 - 1869
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Due to Arterio-sclerosis & hypertension

Other conditions _____

Major findings: Of operations no ops

Of autopsy no autopsy

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Sylvanus Chapin Hale

13. Birthplace East Windsor Vermont
(City, town, or county) (State or foreign country)

14. Maiden name Albina S. Weeden

15. Birthplace East Windsor Vermont
(City, town, or county) (State or foreign country)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

16. (a) Informant Mrs. Frank Scott

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 4-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladonia, Mo.

18. (a) Signature of funeral director Barbers Funeral Service

(b) Address Columbia, Mo.

19. (a) 4-29-1945 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

23. Signature W. Kampschmidt (M. D. or other) _____

Address Columbia, Mo. Date signed 4-30-45

1250

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-14-45

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 W. S. Whitcomb

Licensed Embalmer No. 3893

P. O. Address Columbia 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.