

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13715

State File No.

Registrar's No. 9821

Registration District No. 174

Primary Registration District No. 3035

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Livingston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
26th Franklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
(c) City or town Livingston 3
(If outside city or town limits, write "RURAL")
(d) Street No. 26th Franklin 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LUCY C. SNIDER

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Geo R Snider 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: Mar 19 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business At home

12. Name James Mc Scheel

13. Birthplace Dallas Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name Martha Cattmull

15. Birthplace Jackson Co. MO
(City, town, or county) (State or foreign country)

16. (a) Informant Geo R. Snider
(b) Address Livingston, MO

17. (a) Burial (b) Date thereof 4-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, MO

18. (c) Signature of funeral director Garret G. Truempel
(b) Address Livingston, MO
19. (a) 5 April 1946 (b) Lucy C. Snider
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28
year 1946 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from Feb 15
1946 to Mar 28 1946
that I last saw her alive on Mar 27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration _____

Due to Poss phlebitis rt leg

Due to _____

Other conditions Phlebitis rt leg
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____ OK

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ben W. Brasher (M. D. or other)
Address Livingston, MO Date signed 3/28/46

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

13619

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-15-46

Boyd

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

J. W. McNear

Licensed Embalmer No.

2983

P. O. Address

Lexington 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.