

FILED AUG 29 1947
Registration District No. **155**

Primary Registration District No. **5277**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Asbury, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **JASPER TOWNSHIP**
(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 time**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Asbury**
(If outside city or town limits, write "RURAL")
(d) Street No. **JASPER TOWNSHIP.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Pocahontas Snyder**

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 **Phares Snyder** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **3 27 1876**
(Month) (Day) (Year)

8. AGE: Years **71** Months **5** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **Cherokee county, Kan.**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business _____

12. Name **Carroll Roberts**

13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ellen Johnson**

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

16. (a) Informant **husband PHARES SNYDER**

(b) Address **Asbury, Missouri**

17. (a) **burial** (b) Date thereof **8/19-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crocker Cem.**

18. (a) Signature of funeral director **Hedge-Lewis**

(b) Address **Webb City, Mo.**

19. (a) **AUG. 19, 1947** (b) **G. L. Alberty**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **17**
year **1947** hour **3** minute **25** A.M.

21. I hereby certify that I attended the deceased from **Aug 16 47** to **Aug 17 47**
that I last saw him alive on **Aug 17 47**
and that death occurred on the date and hour stated above.
Duration

Immediate cause of death **Angina Pectoris**

Due to **arthritic** **20 yrs**

Due to **Don't know**

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

Major findings: **grip**
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause of 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 **G. L. Alberty** (M. D. or other)

Address **Carl Junction** Date signed **Aug 19 1947**

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

MOTHER FATHER

47-8-701

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 _____

Leonard J. Lewis Jr.

Registered Apprentice No. *46*

working under my personal supervision.

Signed *Richard Gray Lewis*

Licensed Embalmer No. *4405*

P. O. Address *Webb City 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.