

No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33809

FILED OCT 29 1947

State File No.

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 369

1. PLACE OF DEATH:

(a) County Butler

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

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

(d) Length of stay: In hospital or institution 2 da (Specify whether
In this community Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff
(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 _____

3. (a) PRINT FULL NAME Debra Colene Snelling

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1947 hour 3:30 minute A M.

4. Sex F / 5. Color or race W

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

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

7. Birth date of deceased Sept. 9 1947
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 7
1947, to Sept 9, 1947
that I last saw her alive on Sept 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation Duration _____

8. AGE: Years _____ Months _____ Days 25
If less than one day _____ hr. _____ min.

Due to cardiac failure

Due to pneumonia, kidney, dehydration

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

9. Birthplace Poplar Bluff, Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Infant

11. Industry or business _____

12. Name John R. Snelling

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

14. Maiden name Dorothy Ledford

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

16. (a) Informant John R. Snelling

(b) Address Naylor, Mo.

17. (a) burial (b) Date thereof 10/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff Mo.

19. (a) 10/22/47 (b) R. Munster
(Date received legal request) (Registrar's signature)

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) _____

23. Signature W. Markel (M. D. or other) MD

Address Poplar Bluff, Mo. Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 1047-1387

Date Filed 10-27-47

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.....

Philip J. Casserly....., Registered Apprentice No. 108
working under my personal supervision.

Signed Wallace N. Fitch.....

Licensed Embalmer No. 3859.....

P. O. Address Pooler Bluff, 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.