

No. 2
-12-45
-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4599

State File No. _____

FILED MAR 5 1948

Registration District No. 125

Primary Registration District No. 5461

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
Highway #65 Sequiota Park 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 31

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1485 E. McDaniel 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) /

If yes, name country _____

3. (a) PRINT FULL NAME Robert E. Snow

3. (b) If veteran, name war None

3. (c) Social Security No 491-03-5413

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Hildred Snow

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

7. Birth date of deceased April 1, 1907
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>9</u>	<u>21</u>	hr. min.

9. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Plumbing Company

11. Industry or business Plumbing

MOTHER FATHER

12. Name Otto H. Snow

13. Birthplace Greene County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Nettie Ricketts

15. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hildred Snow

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 1/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Gorman-Scharpf Funeral Home
(Specify type of place)

(b) Address Springfield, Missouri

19. (a) Jan 26 48 (b) Mrs. Frank Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22, year 1948 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from no physician in attendance to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Acute alcoholism, Probable

Due to _____

Due to _____

Other conditions
(Include pregnancy within 5 months of death)

Major findings:
Of operations

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? _____

While at work? _____ (e) Means of injury

23. Signature (M. D. or other)

Address Springfield, Mo Date signed 1-24-48

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

RECEIVED

Greene County Health Office,

County File Number 48-3-25

Date Filed 3-4-48

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

Lewis G. Schaeff

Licensed Embalmer No.

3862

P. O. Address

Springfield, 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.