

3. No. 2
-12.45
5-17-39
I X47070

FILED NOV 25 1946

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 405

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:
Grim-Smith Hospital & Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler 91

(c) City or town Queen City, Missouri
(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 Mrs. Martha Snowbarger

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 19 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>18</u>	hr. min.

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

10. Usual occupation House Wife

11. Industry or business Same

MOTHER FATHER

12. Name Timothy G Neeley

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

14. Maiden name Hannah E. Fincher

15. Birthplace Green County Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Neeley

(b) Address Lancaster Mo.

17. (a) Burial (b) Date thereof 11 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Germania Cemetary

18. (a) Signature of funeral director Wm O West

(b) Address Queen City Mo

19. (a) Nov 15 1946 (b) Nate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1946 hour 2 minute 43 P.M.

21. I hereby certify that I attended the deceased from October 1st, 1946 to Nov 7, 1946
that I last saw her alive on Nov 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death fracture right femur thru great trochanter
Duration 5 wks

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 1867 1818

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 Oct 1st 1946

(c) Where did injury occur? Queen City Schuyler Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Full at home

While at work? _____ (Specify type of place) _____

(e) Means of injury _____

23. Signature A. B. Crane (M.D. or other) _____
Address Kirkavilla Mo Date signed 11-9-46

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

34796

SEP 30 1954

SEP 30 1954

SEP 28 1954

RECEIVED
District Health Officer No. 10
Member No. 46-2065
NOV 22 1946

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 Wm A West
Licensed Embalmer No. 2882
P. O. Address Quincy 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.