DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44072

Registration District No. 571 Primary Registration District No. 4335 Registrar's No. 70

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town California. Mo, ### Walker
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community 68 Yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Moniteau

(c) City or town California. Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Alonzo Franklin Snow 571

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Laura J. Snow

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Jan (Month) 18 (Day) 1854 (Year)

8. AGE: Years 85 | Months 10 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Kentuckey (City, town, or county) Kent (State or foreign country)

10. Usual occupation Retired Banker

11. Industry or business /

MOTHER FATHER

12. Name Franklin G. Snow /

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

14. Maiden name Martha Jane Ryan

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

16. (a) Informant's own signature Mrs. Stanley P. Howard

(b) Address 115 Elmerine Ave Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7. 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemt

18. (a) Signature of funeral director Pauline Funeral Home

(b) Address California Mo

19. (a) 12-6-39 (Date received local registrar) (b) H.R. Pofahl (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5th year 1939 hour 8 minute 5 A. M.

21. I hereby certify that I attended the deceased from Nov 24 / 1939, to Dec 5, 1939; that I last saw h~~im~~ alive on Dec 4, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-vascular disease	10 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edgar A. Kibbe (M. D. ~~or other~~)

Address California Date signed 12/6/39

(Licensed Embalmer's Statement on Reverse Side)

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

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 50M-5-17-39 V. S. No. 2.

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 Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address California, 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, above space should be left blank.