

FILED MAY 23, 1944
Registration District No. 1

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole Co
(b) City or town Jefferson City, Mo. Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) Full Name Laura Burkhardt Snow

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

7. Birth date of deceased Sept 24 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 7 25 33.4 hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name G. A. Burkhardt
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Emma Kenr
15. Birthplace Penn (City, town, or county) (State or foreign country)

16. (a) Informant Stacey Howard
(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof May 12, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Masonic Cemt, California

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California Mo.

19. (a) 5-9-44 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1215 Elmerine
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1944 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1942 to May 9
that I last saw him alive on May 9
and that death occurred on the date and hour stated above.

Immediate cause of death My condition
End arteritis obliterans
Senility
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

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 injury) Means of injury _____

23. Signature R. P. Armm (M. D. or other) MD
Address Jefferson City, Mo. Date signed 5-10-44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-20-44

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 Mrs

....., Registered Apprentice No.
working under my personal supervision.

Signed Earl R. Boulton

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, fact should be so stated above.