

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

22419

Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 626
 (b) Township _____ Primary Registration District No. 5828 Registered No. _____
 (c) City Parnell Mo (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

530 Herminie Narcissa Snoddy
 (a) Residence, No. Nodaway Parnell Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Woman 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert J. Snoddy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29 - 1899
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 91 90 6 11
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgetown Ind 1

FATHER 13. NAME George Adkinson Virginia
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Adkinson 1
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Nora Perry Parnell Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parnell DATE June 13, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John Andrews

20. FILED 7-8 40 Wallace T. Kennedy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1940 to June 11, 1940
 I last saw her alive on June 10, 1940 Death is said to have occurred on the date stated above, at 5:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Hemorrhage of the brain with paralysis Date of onset June 6
High Blood pressure
 Other contributory causes of importance: HTA

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Egbert Crowson, M. D. (Signed) Parnell Mo (Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

1 x16005

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.....

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

Signed John Andrews
Licensed Embalmer No. 3852
P. O. Address Grant City, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22419**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **626**

Primary Registration District No. **4376**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Madison**

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

(c) Name of hospital or institution: _____
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 **Hermionie Narciss Snoddy**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH month **6** day **11**
year _____ hour _____ minute _____ M.

4. Sex **7** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Nov 29 1849**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years **90** Months **6** Days **11** If less than one year _____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace **Quinsburg, Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name **Geo. Adkinson**

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

14. Maiden name **Wethersnow**

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

16. (a) Informant **Nora Perry**

(b) Address **Parnell Mo.**

17. (a) Burial **(b) Date thereof** **6-13-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parnell Mo**

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? _____

18. (a) Signature of funeral director **John Andrews**

(b) Address **Grant City Mo**

19. (a) 7-8-1940 (b) Wallace T. Kennedy
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature **E. Crowson** (M. D. or other) _____

Address **Parnell Mo** Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

