

FILLED SEP 24 1941

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

28900
Do not use this space.

1. PLACE OF DEATH

(a) County MONROE Registration District No. 582
 (b) Township JACKSON Primary Registration District No. 5779 Registered No. 28
 (c) City _____ (d) Street No. MONROE COUNTY INFIRMARY St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 0

2. PRINT FULL NAME

JOHN SNIDOW
 (a) Residence, No. CO. INFIRMARY St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single - 1
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) N.K.

7. AGE YEARS 82 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NONE

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) MONROE CO. MO.

FATHER 13. NAME N.K.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.K.

MOTHER 15. MAIDEN NAME N.K.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.K.

17. INFORMANT (ADDRESS) Infirmary records
 18. BURIAL, CREMATION, OR REMOVAL PLACE CO. INFIRMARY DATE AUG 29 1941
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) NONE
 20. FILED 8-29-41 J. A. Barnett, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 29 1941
 22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1941, to Aug 29, 1941
 I last saw him alive on Aug 24, 1941. Death is said to have occurred on the date stated above, at 5 a.m.
 The principal cause of death and related causes of importance were as follows:

Testicular Embolism Date of onset SEP 1
 Other contributory causes of importance: 430

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? _____
 If so, specify _____ (Signed) W. M. Repull M. D.
PASIS, MO. (Address)

NOTE—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.

RECEIVED

District Health Officer No. 10

District File Number 9-41-1941

Date Filed SEP 18 1941

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 None

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.