No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34588

Registration District No. 157 Primary Registration District No. 4091 Registrar's No. 38

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

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Pleasant Hill, Mo.
(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) years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill
(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 William Caleb Snow
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie Snow
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased July 9 - 1868 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	3	6	hr. min.

9. Birthplace Lone Jack Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Bird Snow
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mattie Smith
15. Birthplace Lone Jack Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Curtis Snow
(b) Address Pleasant Hill, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Lone Jack Cemetery
18. (a) Signature of funeral director D. J. Nofsinger
(b) Address Pleasant Hill, Mo.
19. (a) 10-17-41 (Date received local registrar) (b) Mrs. Etta M. Aldridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15
year 1941 hour 10:00 minute 45 A.M.
21. I hereby certify that I attended the deceased from 14 of Oct, 1941, to 15 of Oct, 1941;
that I last saw him alive on 14 of October, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration 3 years
Due to Senility
Due to age
Other conditions none
(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 E. A. Albers (M. D. or other) M.D.
Address Pleasant Hill Mo. Date signed Oct. 17-1941

(Licensed Embalmer's Statement on Reverse Side)

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 D. R. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Pleasant Hill,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.