

FILED AUG 14 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24814

State File No. _____

Registration District No. 227

Primary Registration District No. 5804
~~9779~~

Registrar's No. 46

1. PLACE OF DEATH:

(a) County MONROE

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

(c) Name of hospital or institution:
101 MI. S.W. OF PARIS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 YRS. (Specify whether years, months or days)

3. (a) PRINT FULL NAME DOLLIE F. SNELL

(b) If veteran, name war

(c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife CLIFTON W. SNELL

6. (c) Age of husband or wife if alive 4 years (Month) (Day) (Year)

7. Birth date of deceased OCT 4 1854 (Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 23 If less than one day hr. min.

9. Birthplace MONROE Co., MO. (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name DANIEL CURTRIGHT

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

14. Maiden name REBECCA JAMES

15. Birthplace N. Knoxville (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. B. Johnson

(b) Address R.F.D. PARIS, MO.

17. (a) BURIAL (b) Date thereof JULY 29 1942 (Month) (Day) (Year)

(c) Place: burial or cremation HOLIDAY, MO.

18. (a) Signature of funeral director Speed Blakey

(b) Address PARIS, MO.

19. (a) 7-28-42 (b) E. H. Agnew (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 69

(a) State MO (b) County MONROE

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

(d) Street No. 10 MI. S.W. OF PARIS (If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27 year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 27 to July 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death) 83R

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 work)

23. Signature E. H. Agnew (D. or other) _____

Address PARIS, MO. Date signed 7-28-42

Physician _____

Underline the cause to which death should be charged statistically.

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

69
00

RECEIVED

District Health Officer No. 10

District File Number 8-42-1594

Date Filed AUG 13 1942

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 *E.H. Cramer*

Licensed Embalmer No. 4000

P. O. Address *Paris, 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.