

30874

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 9 1942

Registration District No. 212

Primary Registration District No. 5780

Registrar's No. 472

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Rural Saline Twp

(c) Name of hospital or institution NONE

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 69 yrs. (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller Co

(c) City or town Rural Saline Twp

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

(d) Street No. 6 mi. North of Eldon, Mo. (If rural, give location)

(e) If foreign born, how long in U. S. A. ? 03 years.

3. (a) PRINT FULL NAME Ezra Snodgrass

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male Color or race white

5. Color or race white

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

6. (b) Name of husband or wife Lizzie Snodgrass

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 18 1873

(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 28

If less than one day 0 hr. 0 min.

9. Birthplace Moniteau Co Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farm

MOTHER FATHER

12. Name Houston Snodgrass

13. Birthplace Cooper Co Mo

(City, town, or county) (State or foreign country)

14. Maiden name Marilda Yows

15. Birthplace Calaway Co Mo

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Figgie Snodgrass

(b) Address Eldon Mo

17. (a) Burial (b) Date thereof 9-18-42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Ridge Cem.

18. (a) Signature of funeral director Ruth M. Payne

(b) Address Eldon Mo

19. (a) 9-18-42 (b) J. S. Freeman

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16

year 1942 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Sep 14th 1942 to Sep 16th 1942

that I last saw him alive on Sep 16th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Car Carcinoma of Liver ?

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 468

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature H. D. Walker (M. D. or other)

Address Eldon Mo Date signed 9/17/42

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

Rev. 5-17-39 I X1551

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.

RECEIVED
Miller County Health Dept.
County File Number 42-79
Date Filed 10/8/42

OCT 19 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 Keith M. Faye
Licensed Embalmer No. 3998
P. O. Address Eldon 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.