

S. No. 2  
M-9.4.41  
5-17-41  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34570

State File No. ....

NOV 6 1943

Registrar's No. 150

Registration District No. 99

Primary Registration District No. 4172

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

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Stewartsville  
(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 years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM DAVID 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 Anna Snow

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May 16 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 4 20 hr. \_\_\_\_\_ min.

9. Birthplace Clinton County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Banking

11. Industry or business Banking

12. Name Joseph H. Snow

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

14. Maiden name Amelia Williams

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

16. (a) Informant Neil Snow

(b) Address Stewartsville Mo.

17. (a) Burial (b) Date thereof Oct 8 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stewartsville Mo.

18. (a) Signature of funeral director J. F. Snow

(b) Address Stewartsville Mo.

19. (a) Oct 7 1943 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6  
year 1943 hour 2 minute 15.4 M.

21. I hereby certify that I attended the deceased from June 17 1938 to Oct 5 1943  
that I last saw him alive on Oct 5 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Corrosion of the liver

Duration 8 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Angina Pectoris  
(Include pregnancy within 3 months of death) 4 years

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 124 Pl

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 200

23. Signature [Signature] (M.D. or other) 200

Address Stewartsville Mo. Date signed 10-8-43

NOV 23 1949

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 J. G. Ryan  
Licensed Embalmer No. 952 -  
P. O. Address Stewartville 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, fact should be so stated above.