S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2179

State File No.

Registration District No. FILED FEB 9 1944 42

Primary Registration District No. 1000

Registrar's No. 95

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

11
1
7

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
1813 Clay 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 38 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11 1

(c) City or town St Joseph 7
(If outside city or town limits, write "RURAL")

(d) Street No. 1813 Clay
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Nelson H. Snowden

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 2 Widowed

6. (b) Name of husband or wife Emily 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan (Month) 1 (Day) 1852 (Year)

8. AGE: Years 92 Months 0 Days 27 If less than one day hr. min.

9. Birthplace (City, town, or county) Ind 1 (State or foreign country)

10. Usual occupation Retired Storekeeper

11. Industry or business St Lt + Power Co.

FATHER
12. Name Jacob Snowden
13. Birthplace (City, town, or county) Ind 1 (State or foreign country)

MOTHER
14. Maiden name Mary
15. Birthplace (City, town, or county) Ind 1 (State or foreign country)

16. (a) Informant L. C. Snowden
(b) Address St Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Fleeman + Son Inc
(b) Address St Joseph Mo

19. (a) 1-31-44 (Date received local registrar) (b) Arse Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1944 hour 4 minute 15 P M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Jan 28, 1944, to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound of the head self inflicted 32 Caliber revolver bullet.

Due to Man shot himself in the right temple 1 inch anterior to the ear

Other conditions (Include pregnancy within 3 months of death) Exit at apex of the skull

Major findings: Of operations to the left of the median line through the left parietal

Of autopsy no, bone, man also placed a rope around his neck to produce strangulation.

Duration 1 day.

164C

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) Suicide
(b) Date of occurrence Jan 28 - 1944
(c) Where did injury occur? St Joseph (City or town) Buch (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Garage at his home. (Specify type of place)
While at work? no. (e) Means of injury Revolver

23. Signature H + Mundy (M. D. or other) Coroner
Address 404 So 3d St St Joseph Mo Date signed 1/29/44

1233 (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 Robert L Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.