

FILED AUG 12 1944

Registration District No. **47**

Primary Registration District No. **3008**

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:  
State Hospital No 1  
(If not in hospital or institution, write street number or location) 2

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

In this community 22 yrs 2 mo 5 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole **14**

(c) City or town Russellville **1**  
(If outside city or town limits, write "RURAL") **2**

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

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

3. (a) PRINT FULL NAME HENRETTA SNYDER

3. (b) If veteran, name war DK

3. (c) Social Security No. DK

4. Sex female 5. Color or race white

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

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

7. Birth date of deceased: 9-18-60  
(Month) (Day) (Year)

8. AGE: Years 16 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name DK

13. Birthplace DK 9  
(City, town, or county) (State or foreign country)

14. Maiden name DK 9

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

16. (a) Informant Friends

(b) Address \_\_\_\_\_

17. (a) Buried (b) Date thereof 7-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director [Signature]

(b) Address Russellville MO

19. (a) 7-15-44 (b) Jacob M. Nauschhoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15  
year 1944 hour 6 minute 25 A. M.

21. I hereby certify that I attended the deceased from June 15  
\_\_\_\_\_ 1944 to July 15 1944  
and that death occurred on July 14 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: abdominal infarction of lower extremities

Due to uric  
Obstructive with obstructive jaundice  
Due to stone in low common duct.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 1 26

Of operations \_\_\_\_\_

Of autopsy same

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? \_\_\_\_\_ (c) Means of injury 0

23. Signature R. P. Price MD (M. D. or other) \_\_\_\_\_  
Address Fulton Mo Date signed 7/15/44

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

14  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 16 1944

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-10-44.....

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. W. Stephens*.....

Licensed Embalmer No. *2207*.....

P. O. Address *Russellville, 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.