

FILED MAR 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6603

Registration District No. 207

Primary Registration District No. 4318

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Vianna
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 83 Yr. (Specify whether
In this community 83 Yr.
years, months or days)

3. (a) PRINT FULL NAME Elizabeth Snodgrass

3. (b) If veteran, name war _____ 3. (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 Jas. D. Snodgrass 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 23rd 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 25 If less than one day
hr. _____ min. _____

9. Birthplace Maries County Missouri
(City, town, or county) (State or foreign country)

Usual occupation At Home

Industry or business _____

10. Name Thomas J. Davis

11. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

12. Maiden name Caroline Light

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

18. (a) Informant J. J. Snodgrass

(b) Address Vianna, Mo.

17. (a) Burial (b) Date thereof JAN 21, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McGee Cem. Vienna, Mo

18. (c) Signature of funeral director Smith-Holloway
(b) Address Kella, Mo.

19. (a) 1/27/45 (b) Erma Bassett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries
(c) City or town Vianna
(If outside city or town limits, write "RURAL")
(d) Street No. Highway 63 South
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18
year 1945 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan. 9
1945 to Jan. 17, 1945;
that I last saw her alive on Jan. 17, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia

Due to _____

Due to _____

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

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 place) (e) Means of injury _____

23. Signature S. O. Howard (M. D. or other) D. O.
Address Vianna, Mo. Date signed 1/24/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

124
16-46

1696

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1945

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-8-45

FEB 27 1946

APR 20 1945

MAY 16 1945

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 Joseph Wallace
Licensed Embalmer No. 3643
P. O. Address Cuba 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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo
County of Miller } ss.

State File No.....
Local Registrar's No.....

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 9 day of April, 1945, before me appears.....

C.D. Snodgrass, who, upon his oath, states that the original record of birth-death for Harriet Elizabeth Snodgrass died Jan. 18, 1945, in the State of Missouri, and which was filed at Verona, Mo. on 1/24/45, 19 , should be corrected as follows:

Item No. 1 should read Harriet Elizabeth Snodgrass
Instead of.....

Item No. should read.....
Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant C.D. Snodgrass Relationship Son
Verona, Mo
Present Address.

Subscribed and sworn to before me this 9th day of April, 1945

My Commission expires Aug. 18th 1945 Pauline A. Schmidt Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

APR 9 1945

FEB 27 1946

APR 20 1945

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