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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 4

FILED MAR 25 1947

Registration District No. 349

Primary Registration District No. 4513

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

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Greencastle
(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 _____)
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Sullivan /115
(c) City or town Greencastle /0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) /0
(e) Citizen of foreign country? No (Yes or No) /0
If yes, name country _____

3. (a) PRINT FULL NAME Nancy Finis Snyder
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 15
year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from March 11th, 1947, to 14th, 1947
that I last saw her alive on March 14th 2 am, 1947
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
7. Birth date of deceased Sept 5, 1856
(Month) (Day) (Year)
8. AGE: Years 90 Months 8 Days 10 If less than one day _____ hr. _____ min.

Immediate cause of death Myocardial Failure
Due to _____
Duration _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(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? None (Specify type of place) (e) Means of injury None

9. Birthplace Danville, Iowa / (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Jonathan Bishop
13. Birthplace Springfield, Mass. / (City, town, or county) (State or foreign country)
14. Maiden name Nancy Ester Wright
15. Birthplace Garrettsville, Ohio / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs William Danula
(b) Address Green Castle, Mo.
17. (a) Burial (b) Date thereof Mar 18, '47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greencastle, Mo.
18. (a) Signature of funeral director _____
(b) Address Green City, Mo.
19. (a) 3-20-47 (b) Laura Shaw
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
23. Signature Laura Shaw (M. D. or other) /2
Address Green City, Mo. Date signed 3/18/47

RECEIVED
District Health Officer No. 10
District File Number 3-47-566
Date Filed MAR 24 1947

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Purdin 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.