

FILED JUL 3 1947

Registration District No. Primary Registration District No. 35740

Registrar's No. 55

1. PLACE OF DEATH:

(a) County: SCOTT
(b) City or town: Sikeston, Mo.
(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: Home
In this community: Mark of Life
years, months or days

3. (a) PRINT FULL NAME

EMMA SNIPES

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: HENRY SNIPES

6. (c) Age of husband or wife if alive: 23 years

7. Birth date of deceased: OCT 23 1857

8. AGE:	Years	Months	Days	If less than one day
	89	4	13	hr. min.

9. Birthplace: Middle TENN. (City, town, or county) (State or foreign country)

10. Usual occupation: House W. F. O.

11. Industry or business

12. Name: JEFF RODGERS

13. Birthplace: SOUTH CAROLINA (City, town, or county) (State or foreign country)

14. Maiden name: SUSANNA WALTER

15. Birthplace: SOUTH CAROLINA (City, town, or county) (State or foreign country)

16. (a) Informant: Daughter (b) Address: Sikeston Mo.

17. (a) Burial (b) Date thereof: Oct 25-1947 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director: Priddy Taylor (b) Address: Sikeston Mo.

19. (a) 6-28-47 (b) Mrs. T. J. Henry (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: SCOTT/00
(c) City or town: Sikeston, Mo. 5
(d) Street No.: 839 EAST GLADY ST. 2
(If outside city or town limits, write "RURAL") (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 5 year: 1947 hour: 3 minute: 20 A.M.

21. I hereby certify that I attended the deceased from Jan 10 - 1947 to Jan 5 - 1947, and that I last saw her alive on Jan 5 - 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: *Stroke*

Due to: *10/149*

Other conditions (Include pregnancy within 3 months of death)

Major findings: *HBP*

Of autopsy: *no*

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?
(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: *J. P. Bruden* (M. D. or other) Address: *2200 W. 1st St. Sikeston, Mo.* Date signed: *6/10/47*

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

00
5
2

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 647-903

Date Filed 6-30-47

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

James M. Scott

Licensed Embalmer No. 4250

P. O. Address.....

East Brainerd, 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.