

FILED AUG 16 1947

Registration District No. _____

Primary Registration District No. 2 1000

Registrar's No. 936

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: 637 Mt Mora Road
 (if not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 In this community 24 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 637 Mt Mora Road
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Minnie V. Snipes

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: January 7, 1881
 (Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace: Fairfax, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business home

12. Name Thomas Buckingham

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

14. Maiden name unknown

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

16. (a) Informant Mrs Helen Balsamo

(b) Address 617 North 10th St, St. Joe, Mo.

17. (a) Burial Burial (b) Date thereof 7-31-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address St. Joseph, Mo.

19. (a) 8-9-47 (b) E. Jenkins
 (Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
 year 1947 hour 1 minute 57 P.M.

21. I hereby certify that I attended the deceased from 19 June, 1947, to 26 July, 1947, that I last saw her alive on 26 July, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of stomach 4-5 months
malnutrition 2-3 years
secondary anemia 2-3 years
 Other conditions: Pulmonary Tuberculosis about 3 years
 (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none

PHYSICIAN

Underline the cause of which death should be charged statistically.

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)

23. Signature H. Johnson & P. Potter (M. D. or other) M.D.
 Address 731 Fardon St. Date signed 31 July 47

St. Joseph, Mo.

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

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.....

Licensed Embalmer No. 4212

P. O. Address... St Joseph m

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.