No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4063

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 216

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: 2018 Francis St. Flanigan Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 years (Specify whether years, months or days)
In this community: 34 years

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.: 2840 Sylvanie St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: George Ann Snow
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced Widowed
6. (b) Name of husband or wife: George Snow
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 12 (Day) 1862 (Year)
8. AGE: Years 85 Months 9 Days 2 If less than one day: hr. min.
9. Birthplace: Clinton County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: at home
11. Industry or business: at home
MOTHER FATHER
12. Name: Warren K. English
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Margaret Bailey
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: George Thompson
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Mora Cemetery
18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) 2-21-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14 year 1948 hour 6 minute PM.
21. I hereby certify that I attended the deceased from March 29, 1947 to Feb 12, 1948 and that I last saw him alive on Feb 12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Thrombosis	3 days
Due to Impetigo bullosa	1 week
Due to Diabetes mellitus	2 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ✓
Of autopsy: ✓

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)
While at work?
(e) Means of injury:

23. Signature: L. H. Kerner (M. D. or other)
Address: 22 Kirkpatrick Bldg. Date signed: 2-16-1948
St. Joseph, Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St Joseph, 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.