

S. No. 300
M-10-47
rv. 5-17-39
I 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32313**

FILED OCT 19 1948

Registration District No. **61**

Primary Registration District No. **4107**

Registrar's No. **51**

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

1. PLACE OF DEATH:

(a) County **Cedar**
(b) City or town **El Dorado Springs**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chambers Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Life Time** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Cedar** ²⁰
(c) City or town **El Dorado Springs** ⁵
(If outside city or town limits, write "RURAL") ⁰
(d) Street No. **300 North Main**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **S. M. SNODGRASS**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Mollie Snodgrass** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 12 1863**
(Month) (Day) (Year)

8. AGE: Years **84** Months **11** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **VIRGINIA**
(City, town, or county) (State or foreign country)

10. Usual occupation **Druggist**

11. Industry or business _____

MOTHER FATHER

12. Name **Benjamin Snodgrass**

13. Birthplace **Vir 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Sallie M. Snodgrass**

15. Birthplace **Vir 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Glyde Snodgrass**

(b) Address **El Dorado Springs, Mo**

17. (a) **Burial** (b) Date thereof **10-17-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **El Dorado Springs**

18. (a) Signature of funeral director **Twinn - Carothers**

(b) Address **El Dorado Springs, Mo**

19. (a) **OCT. 16, 1948** (Date received local registrar) (b) **W. W. [Signature]** (Registrar's signature) **418**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **14** year **1948** hour **12** minute **30** p. M.

21. I hereby certify that I attended the deceased from **Oct 1, 1948** to **14 Oct 1948**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Colon** ⁷

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to 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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature **John J. Helms** (M. D. or other)

Address **El Dorado Springs, Mo** Date signed **10/16/48**

RECEIVED

District Health Officer No. 77,

District File Number 9-48-1205

Date Filed 10-18-48

JAN - 2 1951

JUL 24 1952

JAN 17 1953

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 James E. Kachlman

Licensed Embalmer No. 4573

P. O. Address Edwards Springs,

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.