

DECEMBER 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

33115  
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 626  
(b) Township Rich Primary Registration District No. 3031  
(c) City Marionville Mo (d) Street No. St. Francis Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 316 N. Filmore Marionville (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilbur J. Snider  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 78 3 17  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Corn Keeper  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodfield Ohio

13. NAME William C. Sawyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellingham Ohio

15. MAIDEN NAME Agnes E. Risher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belfast Ireland

17. INFORMANT (ADDRESS) J. K. Sawyer

18. BURIAL, CREMATION, OR REMOVAL

PLACE Marion County DATE Sept 19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell Funeral Home  
954 South Main Marionville Mo

20. FILED Sept 19 1939 Marionville Mo  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937 to Sept 17 1939.

I last saw him alive on Sept 17 1939. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Cholecystitis with stones Date of onset not known

936

Other contributory causes of importance:

Hypertension and not known

17 years of gradual degeneration

Name of operation none Date of

What test confirmed diagnosis? exam Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. K. Sawyer M. D.

(Address) Marionville Mo

RECEIVED

LICENSING

DEPT. OF

HEALTH

1039-1384

OCT 17 1939

### 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.....

W. Dean Campbell, Registered Apprentice No.....  
working under my personal supervision.

Signed W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Marquette P.I.

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, above space should be left blank.