

Registration District No. 609

Primary Registration District No. 44

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH 2

(a) County Polk  
(b) City or town Lamar  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ (Specify whether)  
In this community 60 years  
years, months or days

3. (a) PRINT FULL NAME Nathan R. Snopf  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Jesse Egan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 20 17 1874  
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fontana Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Nathan R. Snopf  
13. Birthplace Ohio (City, town, or county) (State or foreign country)  
14. Maiden name Joseph Crossman  
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mabel Rogers  
(b) Address Lamar

17. (a) Burial (b) Date thereof 12-14-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lamar

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Lamar

19. (a) 12-18-39 (b) B. J. Parker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk  
(c) City or town Lamar  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? U.S.B. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16  
year 1939 hour 8:05 minute A M.

21. I hereby certify that I attended the deceased from May, 1939, to Dec. 16, 1939;  
that I last saw him alive on Dec 16, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration  
Due to Angina Pectoris  
in May 29

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 W. Walker (M. D. or other) M.D.  
Address Lamar Mo Date signed 12-16-39

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1/5/48

**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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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, above space should be left blank.**