. No. 2
-11-10-39
5-17-39
I X21492

4

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

JUN 22 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19133

Registration District No. 619 Primary Registration District No. 5821 Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway Atchison Tn

(b) City or town Clearmont (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days) 531

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway

(c) City or town Clearmont (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.? years.

3. (a) PRINT FULL NAME DANIEL WALLACE SNODERLY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie Snoderly

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Mar. (Month) 5 (Day) 1861 (Year)

8. AGE: Years 78 Months Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) TENN. (State or foreign country) 1

10. Usual occupation Farmer 1

11. Industry or business Henry Snoderly

FATHER 12. Name 1

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

MOTHER 14. Maiden name Malinda Robbins

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

16. (a) Informant Mrs. Jessie Snoderly

(b) Address Clearmont Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 9. 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Clearmont Cemetery

18. (a) Signature of funeral director John W. Price

(b) Address Maryville Mo.

19. (a) 4/30-40 (Date received local registrar) (b) W B Humphrey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 6 year 1940 hour 9 minute 10 p. M.

21. I hereby certify that I attended the deceased from 1/1, 1940, to 3/6, 1940 that I last saw him alive on 3/6, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senility with gangrene of foot	Unknown
Due to Arteriosclerosis	?
Due to Gangrene not due to diabetes	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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? (Specify type of place) ✓

550 While at work? ✓ (e) Means of injury ✓

23. Signature C W Kirk (M. D. or other) 1

Address Hopkins Date signed 3/8/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 640-643
Date Filed JUN 10 1940

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 John W. Price.

Licensed Embalmer No. 3229

P. O. Address Maryville 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.