

Registration District No. 944

Primary Registration District No. 5447-B

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Rural - Jackson township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
(Specify whether  
In this community 10 years  
years, months or days)

3. (c) PRINT FULL NAME Sidney Marshal Snodgrass

8. (b) If veteran, name war X 8. (c) Social Security No. X

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

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased November 20 - 1866  
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 17 If less than one day X hr. X min.

9. Birthplace Kansas /  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer /

11. Industry or business Farm

MOTHER FATHER { 12. Name Silas Snodgrass /

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

14. Maiden name Mary Hengberry

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

16. (a) Informant's own signature Carnest Snodgrass

(b) Address 5 E Kansas City, Mo.

17. (a) Burial (b) Date thereof June 15 - 1940  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Mullins

18. (a) Signature of funeral director Rev. J. J. Jolley

(b) Address Marshfield, Missouri

19. (a) June 19 - 40 (b) Hans Guier  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster  
(c) City or town Rural - Jackson township  
(If outside city or town limits, write "RURAL")  
(d) Street No. X  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1940 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 4:57 1940 to June 11 1940  
that I last saw him alive on June 11 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration / 1 year  
Duration

Due to \_\_\_\_\_

Due to 93C

Other conditions (Include pregnancy within 3 months of death)

Major findings: None

Of operations \_\_\_\_\_

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? \_\_\_\_\_

93B (Specify type of place) While at work? \_\_\_\_\_ (a) Means of injury

23. Signature P. H. Fritch (M. D. or other) MD

Address Stratford Mo Date signed 6/19/40

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

REV. 5-17-39  
FORM 1 (1938)

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

Greene County Health Office

County File Number 40-7-48

Date Filed 7-10-40

*[Handwritten signature]*

**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 *[Signature]*.....

Licensed Embalmer No. 3312

P. O. Address Marshfield

**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.**