

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31406**

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **958**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Joseph's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Two days**
In this community **Lifetime**
(Specify whether years, months or days) **/**

3. (a) PRINT FULL NAME **O. Pearl Snodgrass**

8. (b) If veteran, name war **No.** 3. (c) Social Security No. **509-01-9300**

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

6. (b) Name of husband or wife **Mintie** 6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **June 21, 1876**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	2	10	hr. min.

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

10. Usual occupation **Night Watchman**

11. Industry or business **Terminal Truck Line**

12. Name **O.F. Snodgrass**

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

14. Maiden name **Elizabeth Million**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Clarence W. Snodgrass (Son)**

(b) Address **6208 Sherman St., St. Joseph, Missouri**

17. (a) **Burial** (b) Date thereof **Sept. 3, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **I.O.O.F. Cemetery**

18. (a) Signature of funeral director **John E. Rupp**

(b) Address **6054 Pryor Ave.**

19. (a) **Sept 3 1940** (b) **J. H. Hestlebach**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph, Missouri**
(If outside city or town limits write "RURAL")
(d) Street No. **6208 Sherman**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **1st**
year **1940** hour **8** minute **10** P.M.

21. I hereby certify that I attended the deceased from **Sept 31**, 1940 to **Sept 1st**, 1940;
that I last saw him alive on **Sept 1st**, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal obstruction; 7 days**

Due to **Carcinoma of Colon 1 year**

Due to _____

Other conditions **Leukemia #6**
(Include pregnancy within 3 months of death)

Major findings: Of operations **no operation**

Of autopsy **none**

Duration

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) **no**

(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? **85**

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

23. Signature **J. H. Hestlebach** (M. D. **1 mo.**)

Address **825 Charles St. St. Joseph** Date signed **9/3/40**

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

11-10-39
5-17-39
I X21492

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.....

Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Missouri

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.