

Registration District No. 378

Primary Registration District No. 4222

Registrar's No. 74

1. PLACE OF DEATH: Howard,  
(a) County Howard,  
(b) City or town Fayette,  
(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 20  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

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

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Jessie Snell, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Unknown  
(Month) (Day) (Year)

8. AGE: Years 84 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Missouri, (City, town, or county) (State or foreign country) 0

10. Usual occupation: At home

11. Industry or business: 0

MOTHER FATHER { 12. Name: Lewis Canole,

18. Birthplace: Kentucky, (City, town, or county) (State or foreign country)

14. Maiden name: Mary Stapleton,

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

16. (a) Informant: Tom Canole,

(b) Address: Fayette, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof: 10-23-1940 (Month) (Day) (Year)

(c) Place: burial or cremation: City Cemetery,

18. (a) Signature of funeral director: Guy T. Halley, (b) Address: Fayette, Mo.

19. (a) Oct. 25, 40 (Date received local registrar) (b) Viola McCobb, dep (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Howard  
(c) City or town Fayette, (If outside city or town limits write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1940 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from 1932 to Oct 22, 1940, that I last saw him alive on Oct 6, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac decompensation Duration 2 mo.

Due to: Chronic myocarditis 3 yrs.

Other conditions: Serubility (Include pregnancy within 3 months of death)

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

23. Signature: Wm J. Shaw (M. D. or other) MD.  
Address: Fayette, Mo. Date signed \_\_\_\_\_

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

RECEIVED  
District Health Officer No. 8,  
District File Number 11-14-40  
Date Filed

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**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.