

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.

JAN 19 1940  
Registration District No. 280

Primary Registration District No. 5530

1. PLACE OF DEATH:

(a) County Howard  
 (b) City or town Rural Franklin Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
At Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 16 yrs  
 years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Intersection of U.S. Hwy. 40 & 87  
 (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME CHRISTOPHER C Snoddy  
 3. (b) If veteran: name war ✓  
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 10  
 year 1940 hour 11 minute 35 A.M.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Ota Snoddy  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov 1st 1863  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 19, 1940, to Dec 10, 1940, that I last saw him alive on Dec 5, 1940, and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 1 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Occlusion 8 years  
 Duration \_\_\_\_\_

9. Birthplace Howard Co Mo  
 (City, town, or county) (State or foreign country)

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

10. Usual occupation General Store

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

11. Industry or business Merchandising

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 12. Name unable to obtain  
 18. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_  
 15. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant's own signature Fred Woodhill  
 (b) Address W. Franklin Mo

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 12-12-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(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? 800

(c) Place: burial or cremation Bronson Mo

(e) While at work? \_\_\_\_\_ (Specify type of place)  
 (f) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director C. W. ...  
 (b) Address W. Franklin Mo

23. Signature J. C. Tincher (M. D. or other) MD  
 Address Boonville Mo Date signed 12-10-40

19. (a) 12-12-40 (b) Clare V. Landrum  
 (Date received local registrar) (Registrar's signature)

RECEIVED  
District Health Officer No. 8,  
District File Number.....  
Date Filed 1-6-41

**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..... *C. J. Duncan*.....  
Licensed Embalmer No. *3516*.....  
P. O. Address..... *New Franklin*.....

**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.**