No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25736

State File No.

Registration District No. 625 Primary Registration District No. 3031 Registrar's No. 91

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Wk. (Specify whether
In this community 2 Wks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Nebr. (b) County Lancaster
(c) City or town Bennet
(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.? 2 years.

3. (a) PRINT FULL NAME Myrtle Sarah Snodgrass
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ernest Snodgrass
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Nov (Month) 15 (Day) - 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
44	7	22	hr. min.

9. Birthplace Hopkinton (City, town, or county) / Iowa (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William F. Garvin
13. Birthplace Hopkinton (City, town, or county) / Iowa (State or foreign country)
MOTHER
14. Maiden name Maggie A. Keith
15. Birthplace Hopkinton (City, town, or county) / Iowa (State or foreign country)
16. (a) Informant Ernest Snodgrass
(b) Address Bennet Neb
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 9 (Day) - 1941 (Year)
(c) Place: burial or cremation Hopkins, Mo
18. (a) Signature of funeral director Stanley Swanson
(b) Address Hopkins, Mo
19. (a) 7-10-1941 (Date received local registrar) (b) Mamie E. Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1941 hour 7 minute P M.
21. I hereby certify that I attended the deceased from June 30, 1941, to July 7, 1941; that I last saw her alive on July 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Coronary Thrombosis

Due to

Due to

Other conditions Hysterectomy July 1, 1941
(Include pregnancy within 3 months of death)

Major findings:
Of operations Large Fibroid of Uterus
Of autopsy

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

23. Signature W. R. Carlson (M. D. or other)
Address Maryville, Mo Date signed 7-10-41

(Licensed Embalmer's Statement on Reverse Side)

MAR 28 1958

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 Myse

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins, Mc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.