

FILED JAN 23 1942
Registration District No. 164

Primary Registration District No. 3008

Registrar's No. 343

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 10 mo 7 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Morgan ¹⁴

(c) City or town Versailles County Home
(If outside city or town limits, write "RURAL") ²

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ROY-SNORGRASS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1941 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec 26
1941, to Dec 28 1941
that I last saw him alive on Dec 28 1941
and that death occurred on the date and hour stated above.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex MO 5. Color or race W 6. (a) Single, widowed, divorced, Single

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

7. Birth date of deceased (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 45 plus Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death coronary thrombosis

Due to coronary sclerosis 2 years

Due to arteriosclerosis 2 years

Other conditions mental deficiency

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

10. Usual occupation none

11. Industry or business _____

12. Name Deceased

13. Birthplace (City, town, or county) ? (State or foreign country) _____

14. Maiden name deceased

15. Birthplace (City, town, or county) ? (State or foreign country) _____

16. (a) Informant Records

(b) Address Removal

17. (a) 2125 E. Mo (b) Date thereof 1 1 42
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director James E. Richard

(b) Address Lepton Mo

19. (a) Dec 30 1941 (b) R. H. Crews
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 94a

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 James Imperatore (M. D. or other) M.D.
Address Fulton Mo Date signed 12/28/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate *will be* embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Jessie E. Richards*
Licensed Embalmer No. *2466*
P. O. Address *Tipton Mo*

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, fact should be so stated above.