

FILED MAY 6 1942

Registration District No. 83

Primary Registration District No. 1001

Registrar's No. 421

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Joseph Hospital 12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two days
(Specify whether years, months or days)
In this community Twenty-five years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town Saint Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 4902 Lake Ave. 7
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jasper Snadgrass

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, or widower Widower
6. (b) Name of husband Mrs. Anna Snadgrass
6. (c) Age of husband or wife if alive 9, 1873
7. Birth date of deceased October (Month) 9, 1873 (Day) (Year)

8. AGE: Years 68 Months 6 Days 12 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER { 12. Name Unknown Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Social Security Records
(b) Address 10th and Olive Street
17. (a) Burial (b) Date thereof Apr. 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director The E.P.S. Funeral FH.
(b) Address 602 South 10th St.
19. (a) 4-23-42 (b) Roe Hazy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1942 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from 4-20, 1942 to 4-22, 1942
that I last saw him alive on 4-21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chf
Due to Malnutrition

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations X 93d
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature Owen W. W. Gung (M. D. or other) M.D.
Address 113 North Blvd. Date signed 4-22-42

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

11
1
7

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.....

R. V. West.

Licensed Embalmer No. *3876*

P. O. Address. *St. Joseph, 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.