

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 440

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
819 Sylvania
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 819 Sylvania
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Bethena Snodderly

3. (b) If veteran, name war no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1942 hour 3 minute 30 P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: July 22 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 1 1942 to Apr 26 1942
that I last saw her alive on Apr 26 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

77	9	4	
hr.			min.

Immediate cause of death: Cerebral Hemorrhage Duration 8

Due to H.B.P. 15

Due to Chronic nephritis 8

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

10. Usual occupation Housekeeper

Other conditions (include pregnancy within 3 months of death)

Due to _____

11. Industry or business _____

MOTHER FATHER { 12. Name George Snodderly

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

14. Maiden name Porley Wilson
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy 131 f

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Jda Guler

(b) Address 819 Sylvania, St. Joseph mo

17. (a) Buried (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Therman & Son Inc.

(b) Address St. Joseph mo.

19. (a) 4-28-42 (b) Rae Negroy
(Date received local registrar) (Registrar's signature)

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 J. R. Elliott (M. D. or other) MD

Address 8012 2nd St Date signed 4-28-42

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.....

Licensed Embalmer No. 3308

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.