

**HQ** MAY 25 1942

Registration District No. 207

Primary Registration District No. 5289

Registrar's No. 30-13

500

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

I. PLACE OF DEATH

(a) County Clinton  
 (b) City or town Stewartsville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: No  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 83 yrs years, months or days

8. (a) PRINT FULL NAME MARION SNODGRASS

8. (b) If veteran, name war No  
 8. (c) Social Security No. No

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife John Snodgrass  
 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased Jan 30 1859  
 (Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 3  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business  
 12. Name John Snodgrass  
 13. Birthplace Kentucky / Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lucinda Henderson  
 15. Birthplace Ind / Ind  
 (City, town, or county) (State or foreign country)

16. (a) Informant D. A. Snodgrass son

(b) Address Stewartsville R.R.#2  
 17. (a) Burial (b) Date thereof April 5 - 42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon

18. (a) Signature of funeral director J. L. Martin  
 (b) Address Plattsburg Mo

19. (a) April 3<sup>rd</sup> - 42 (b) Mike C. Hartell  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton  
 (c) City or town Stewartsville R.R.#2  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. No (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
 year 1942 hour 9:30 minute 0 M.

21. I hereby certify that I attended the deceased from Jan - 1940  
 \_\_\_\_\_, 1940 to April 3<sup>rd</sup>, 1942  
 that I last saw him alive on on April 2<sup>nd</sup>, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to Apoplexy

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

Other conditions 830  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy No

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 0

23. Signature J. A. Reynolds (M. D. or other) \_\_\_\_\_  
 Address Plattsburg Mo Date signed 4-2-42

---

---

**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 Russian Davis

Licensed Embalmer No. 4160

P. O. Address Seaborn 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, above space should be left blank.**