

FILED MAR 18 1943

Registration District No. ....

Primary Registration District No. 3016

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City

(c) Name of hospital or institution: St. Marys Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether)

In this community 50 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")

(d) Street No. 201 E. McCarty St.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Ann Snorgrass

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 Widowed

6. (b) Name of husband or wife B.F. Snorgrass 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 23, 1943/1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	9	16	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name James P. Snorgrass

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

14. Maiden name Charlotte Graham

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

16. (a) Informant L.A. (Chick) Snorgrass

(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Tipton Mo.

18. (a) Signature of funeral director Dr. Busscher

(b) Address Jefferson City, Mo.

19. (a) 2-9-43 (Date received local registrar) (b) Thermafichter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9th year 1943 hour 5 minute 25 M.

21. I hereby certify that I attended the deceased from Jan 1, 1943 to Feb 9, 1943 that I last saw him alive on Jan 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to arteriosclerosis

Due to General

Other conditions Amputation Left Leg Below Knee  
(Include pregnancy within 3 months of date)

Major findings: Thrombosis of cerebral artery Left

Of autopsy Yes

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 Dr. Busscher (M.D. or other) \_\_\_\_\_

Address Jefferson City, Mo. Date signed 2/9/43

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

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.**