

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

MAY 12 1943

Registration District No. 46

Primary Registration District No. 4065

Registrar's No. 17

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

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1. PLACE OF DEATH:

(a) County Caldwell  
(b) City or town Palo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ✓ 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ✓ (Specify whether)  
In this community 8 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell  
(c) City or town Palo (If outside city or town limits, write "RURAL")  
(d) Street No. X (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Martha Susan Snodgrass

3. (b) If veteran, ✓ name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, Divorced, widowed  
6. (b) Name of husband or wife John Snodgrass 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 26 1858 (Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Blue Springs Mo (City, town, or county) (State or foreign country)

10. Usual occupation Retired

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

12. Name Mathew Selvy

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

14. Maiden name Sarah Isabel Francis

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

16. (a) Informant Mrs Ruth Ogden

(b) Address Palo Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14 - 43 (Month) (Day) (Year)  
(c) Place: burial or cremation Blue Springs Mo

18. (a) Signature of funeral director Alsop & Cowley

(b) Address Palo Mo

19. (a) 4-15-43 (Date received local registrar) (b) Mrs Vivian Budqwate (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th year 1943 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 3rd 1943, to April 13th 1943; that I last saw her alive on April 12th 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

Signature H.M. Wright (M.D. or other) \_\_\_\_\_

Address Palo Mo Date signed 4/15/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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..... *A. A. Bowley* .....

Licensed Embalmer No..... *1015* .....

P. O. Address..... *Polo Mo* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fallure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**