

FILED JAN 24 1944

Registration District No. 47

Primary Registration District No. 3008

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

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hospital Zone 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 months 13 days
(Specify whether
 In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Moberly
(If outside city or town limits, write "RURAL")
 (d) Street No. 210 North Moberly
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME ALBERT LEE SNODGRASS
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 22 year 1943 hour 1 minute 0 M.
 21. I hereby certify that I attended the deceased from Oct 9 1943, to Dec 22 1943
 that I last saw him alive on Dec 22 1943
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Lucy
 6. (c) Age of husband or wife if alive 10 years
 7. Birth date of deceased March 10 1888
(Month) (Day) (Year)

Immediate cause of death Menstrual Pain
 Duration ?

8. AGE: Years 55 Months 9 Days 12
 If less than one day no hr. min.

Due to.....
 Due to.....

9. Birthplace Caro no
(City, town, or county) (State or foreign country)
 10. Usual occupation Coultry Business

Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

MOTHER FATHER
 11. Industry or business same
 12. Name Charles Snodgrass
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Miss Catherine Brown
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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.....
 Signature R. P. Price (M. D. or other) M.D.
 Address Fulton Mo Date signed 12/23/43

16. (a) Informant Records
 (b) Address State Hospital Zone 1
 17. (a) Burial (b) Date thereof Dec 24 43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Moberly, Mo
 18. (a) Signature of funeral director Mahan and Son
 (b) Address Moberly Mo
 19. (a) 12-23-1943 (b) Joice Morant
(Date received local registrar) (Registrar's signature)

JAN 24 1944

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 Frank S. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.