

FILED APR 12 1944

Registration District No.

Primary Registration District No. 5032

Registrar's No.

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Rual, Linn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. # 1, Rush Hill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 4 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jacob R. Snook

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary E. Snook 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased November 3, 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 21 If less than one day
.....hr.min.

9. Birthplace Mefflin County, Penn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Saloman Snook
13. Birthplace Penn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Peters
15. Birthplace Penn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary E. Snook
(b) Address Rush Hill, Mo.

17. (a) Burial (b) Date thereof Mar. 27, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Littleby Cemetery

18. (a) Signature of funeral director T. E. ...

(b) Address Mexico, Mo.

19. (a) Mar 27, 44 (b) Mary C. Jacoby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 1
(c) City or town Rual (If outside city or town limits, write "RURAL") 0
(d) Street No. R.F.D. # 1, Rush Hill (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 -
year 1944 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from April 25 - 1944 to March 26, 1944;
that I last saw him alive on March 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Duration
lobar pneumonia 3 days

Due to Paralysis left side 12 yrs

Due to arterio-sclerosis 12 yrs
Hypertension

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

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 W. J. McCall M.D. (M. D. or other)
Address Ladonia Mo Date signed 3-26-44

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

2
42
-39
32873

1097

RECEIVED

District Health Officer No: 10

District File Number 4-44-797

Date Filed APR 11 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.....

Earl E. Pracht....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Pracht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.