

FILED MAR 20 1944

Registration District No. 121

Primary Registration District No. 4200

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Ash Grove
(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 for yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME MOLA Snoddy

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 married
6. (b) Name of husband or wife John Snoddy 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased 2 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 5
hr. min.

9. Birthplace Dade Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business.....

MOTHER FATHER { 12. Name Walker Burch
13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)
14. Maiden name Carolynne Stanley
15. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)

16. (a) Informant John Snoddy

(b) Address Ash Grove Mo

17. (a) Burial (b) Date thereof 2 11 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Cem

18. (a) Signature of funeral director Morris Cleman

(b) Address Ash Grove Mo

19. (a) Feb 12, 1944 (b) JOB Birch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1944 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Dec
....., 1943, to Feb 8, 1944
that I last saw her alive on Feb 8th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Septicemia

Due to Streptococcus Viridans About
1 Year

Due to.....
Other conditions none 2/4
(Include pregnancy within 3 months of death)

Major findings: none held
Of operations.....
Of autopsy none held
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 Charles H. Birch (M. D. no) (M. D. no)
Address Ash Grove Mo Date signed 2-12-44

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

RECEIVED

Greene County Health Office,

County File Number 74-2-27

Date Filed 3-18-44

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 Maude D. Morris

Licensed Embalmer No. 2055

P. O. Address Ash Grove 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.