

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 10 1944

Registration District No. 222

Primary Registration District No. 4201

Registrar's No. 12

1. PLACE OF DEATH

(a) County Greene
(b) City or town Republic
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1
(Specify whether

In this community 2 yrs
years, months or days)

3. (a) PRINT FULL NAME Lelhea Arminta Snodgrass

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 Rufus Snodgrass 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb. 20 - 1888
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 6 If less than one day
..... hr. min.

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

10. Usual occupation house wife

11. Industry or business

12. Name William Pruitt

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Mellie Bolin

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Rufus Snodgrass

(b) Address Republic Mo

17. (a) Burial (b) Date thereof June 28 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. C. Cornell

18. (a) Signature of funeral director J. W. Maple

(b) Address Chever Mo

19. (a) June 27 '44 (b) Glorence Britain
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene

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

(d) Street No.
(If rural, give location)

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

If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
year 1944 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 1 - 2 - 1944 to June 26, 1944
that I last saw him alive on June 21, 1944
and that death occurred on the day and hour stated above.

Immediate cause of death Angina Pectoris Duration

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

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

23. Signature W. Kelly (M. D. or other)

Address Springfield Mo Date signed 6-27-44

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

MOTHER FATHER

RECEIVED
Greene County Health Office,
County Number 44-7-57
Date Filed _____

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.....

JW Mapler

Licensed Embalmer No.....

2985

P. O. Address.....

Cher 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.