

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28124

State File No.

FILED SEP 14 1944

Registration District No. 169

Primary Registration District No. 5616

Registrar's No.

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Knox City, rural, Colony
(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 Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
(c) City or town Knox City m rural
(If outside city or town limits, write "RURAL")
(d) Street No. Colony Trp
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME George H. Snelling

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Annette Berry 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May - 23 - 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days II
If less than one day
hr. _____ min.

9. Birthplace Knox County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {
12. Name Page Snelling
13. Birthplace uk Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda McMillan
15. Birthplace Elizabeth Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Snelling
(b) Address Duex City, Mo.
17. (a) Burial (b) Date thereof Aug-6-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Knox City, Missouri.

18. (a) Signature of funeral director Kath Hudson
(b) Address Edina, Missouri.

19. (a) 8-6-44 (b) Willie Northcutt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1944 hour 5 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan
_____, 1944, to Aug 3, 1944,
that I last saw him alive on Aug 4, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____
Due to _____

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

Major findings:
Of operations 9321
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 C. Gibson (M. D. or other) _____
Address Edina, Mo. Date signed Aug 6-44

1142 (Licensed Embalmer's Statement on Reverse Side)

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

DEC 12 1958

RECEIVED

District Health Officer No. 10

District File Number 9-44-1625

Date Filed SEP 13 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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.