

Registration District No. 99 Primary Registration District No. 5-373 Registrar's No. 242

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

1. PLACE OF DEATH:
 (a) County DeKalb (Camden Twp.)
 (b) City or town Amity (Rural)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 60 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County DeKalb 32
 (c) City or town Amity (Rural)
(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 John Snelling
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct 18 day 18
 year 1944 hour 11 minute _____ p. M.
 21. I hereby certify that I attended the deceased from May 15
 1944 to Oct 18 1944
 that I last saw him alive on Oct 17 1944
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Hattie Snelling 6. (c) Age of husband or wife if alive 86 years
 7. Birth date of deceased June 13 1858
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Prostate 1 yr.
 Duration _____

8. AGE: Years 86 Months 4 Days 5 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

9. Birthplace New York City N.Y.
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Major findings: Of operations 51
 Of autopsy _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
MOTHER FATHER { 12. Name John Snelling
 13. Birthplace England
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Bernice Shingler
 (b) Address Amity Mo., R F D

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? _____

17. (a) Burial (b) Date thereof 10/20-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Amity Mo
 18. (a) Signature of funeral director Rilcher Funeral Home
 (b) Address Maysville Mo
 19. (a) 10/20-44 (b) John Clouse
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) Means of injury 2
 23. Signature [Signature] (M. D. or other) _____
 Address Maysville Mo 10/20-44

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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.....

Licensed Embalmer No. 3960

P. O. Address Wayville Me

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.