S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34956

State File No.

Registration District No. 265

Primary Registration District No. 6495896

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Near Almartha, Mo., Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Noble Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 770

(c) City or town Almartha, Mo. Rural
(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 none

3. (a) PRINT FULL NAME George Jack Snelson

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Prudence

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

7. Birth date of deceased April (Month) - 17 (Day) - 1871 (Year)

8. AGE: Years 73 | Months 5 | Days 25 | If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Marshall Snelson
13. Birthplace (City, town, or county) Ozark (State or foreign country) 0

MOTHER
14. Maiden name Emmaline Plaster
15. Birthplace (City, town, or county) Unknown (State or foreign country) 0

16. (a) Informant Zelva Vest
(b) Address 726 So. 14 K.C.K.

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

(c) Place: burial or cremation Sander Cemetery

18. (a) Signature of funeral director McClure
(b) Address Farmerville Mo

19. (a) Nov 1 44 (Date received local registrar) (b) Hattie G. Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 12th
year 1944 hour 5 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 10, 1942 to October 12th, 1944;
that I last saw him alive on October 12, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	36 hours
Due to	
Due to	
Other conditions Primary (Pernicious) anemia (Include pregnancy within 3 months of death)	3 yr

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature M. J. Haerman (M. D. or other) 2 DO

Address Farmerville, Mo Date signed 12-13-1944

581 (Licensed Embalmer's Statement on Reverse Side)

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 Lawrence L. Hall

Licensed Embalmer No. 2784

P. O. Address Gainesville, Tx

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.