

37733

State File No. _____

FILED DEC 13 1944

Registration District No. _____

Primary Registration District No. 4197

Registrar's No. 122

1. PLACE OF DEATH

(a) County Greene Co.

(b) City or town Stonington
(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)

In this community _____
years, months or days 70 years

3. (a) PRINT FULL NAME Mrs. S. Sarah Matilda

3. (b) If veteran, name war _____

3. (c) Social Security No. 71000

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Snow

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan 18 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>7</u>	<u>20</u>	<u>1</u> hr. <u>1</u> min.

9. Birthplace Greene Co. Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name John M. Cloughan

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

14. Maiden name Edna Poff

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

16. (a) Informant Edna March

(b) Address Stonington Mo.

17. (a) BURIAL (b) Date thereof 12-6-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Ridge Cemetery

18. (a) Signature of funeral director Edna March

(b) Address Stonington Mo.

19. (a) Dec 6-1944 (b) Harry M. Hester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

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

(d) Street No. W. 6th St.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1944 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 4 to Dec 4 1944

that I last saw him alive on Dec 4 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration 6 Mo

Due to Intermittent Aneurysm

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131a

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? _____

(e) Means of injury _____ (Specify type of place)

23. Signature R. Hester (M. D. or other) 2

Address Stonington Mo. Date signed 12-4-44

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

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

Lester H. Phillips

Licensed Embalmer No.

1898

P. O. Address

Stonington MD

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.