

State File No. \_\_\_\_\_

FILED JAN 25 1943 346

Registration District No. 01178

Primary Registration District No. 8466165

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Hurley  
(b) City or town Stone Hurley sup  
(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 1  
In this community 11 yrs  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone  
(c) City or town Hurley  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Cora Ellen Snodgrass

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

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maek A. Snodgrass 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 30 1878  
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name J. M. Payne

13. Birthplace \_\_\_\_\_

14. Maiden name Nancy Beckley

15. Birthplace \_\_\_\_\_

16. (a) Informant Maek A. Snodgrass

(b) Address Hurley Missouri

17. (a) Burial (b) Date thereof 5-27-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Cemetery

18. (a) Signature of funeral director W. H. ...

(b) Address Springfield Missouri

19. (a) 5/28/43 (b) S. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1943 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from August 1938 to May 17 1943  
that I last saw her alive on May 17 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis  
Due to Atrophic Atachetia

Duration 10 days  
32 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \$30  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature A. P. ... (M. D. or other) \_\_\_\_\_

Address ... no Date signed 5/28/43

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

114  
0  
0

1114

RECEIVED  
District Health Officer No. 6,  
District File Number 145-98  
Date Filed JAN 17 1945

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

*Ray A. Bauer*

Licensed Embalmer No.

1763

P. O. Address

*Springfield 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.