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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUL 13 1945 STANDARD CERTIFICATE OF DEATH

State File No. 20796

Registration District No. 191

Primary Registration District No. 4304

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Ludlow  
(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 20yrs (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Ludlow  
(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 Ethel Viola Snodgrass

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Earl Snodgrass 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct 31 1882  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1945 hour 1 minute 45p. M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to May 28 1945; that I last saw him alive on May 23 1945; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>6</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death Coronary Heart Disease 9/30

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Ludlow MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

12. Name William H. Jones

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

14. Maiden name Martha Nichols

15. Birthplace Jamestown MO  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Earl Snodgrass

(b) Address Ludlow, Missouri

17. (a) Burial May 31, 1945  
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)

(b) Place: burial or cremation Monroe Cem

18. (a) Signature of funeral director Seward T. Neal

(b) Address Braymer, Missouri

19. (a) 6/14/1945 (b) Hannah Capple  
(Date registered local registrar) (Registrar's signature)

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 Wes Moore (M. D. or other) May 31 1945  
Address Ludlow, Mo Date signed \_\_\_\_\_

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

9  
0  
0

1004

(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.....

working under my personal supervision.

..... Registered Apprentice No. ....

**RECEIVED**  
District Health Officer No. 11,

Signed *Samuel J. Mead*.....

District File Number.....

Licensed Embalmer No. 2801.....

Date Filed.....

P. O. Address braymer, 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.)**