

No. 2
A-5-43
5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5437
Registrar's No. 23

FILED MAR 8 1946
Registration District No. 200

Primary Registration District No. 5724

1. PLACE OF DEATH:

(a) County Macon
(b) City or town rural Eagleton
(c) Name of hospital or institution: 1
(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)

3. (a) PRINT FULL NAME Jimmie S. Snodgrass
3. (b) If veteran name war. 3. (c) Social Security No.

4. Sex M.O. 5. Color or race W 6. (a) Single, widowed, married, divorced. 1
6. (b) Name of husband or wife Susie E. Snodgrass 6. (c) Age of husband or wife if alive. 53 years
7. Birth date of deceased. Feb 22 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 10 5 hr. min.

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

10. Usual occupation Farming

11. Industry or Business

12. Name John Snodgrass
13. Birthplace Macon Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ernan Mager
15. Birthplace Macon Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Susie E. Snodgrass
(b) Address Macon, Mo.

17. (a) Burial (b) Date thereof. 12-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cem. Macon Mo

18. (a) Signature of funeral director Stephen J. Goodding
(b) Address Macon Mo.

19. (a) Jan 10-46 (b) Futh McNeely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon 61
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1945 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from February 25
1945 to December 26 1945.
that I last saw him alive on December 26 1945.
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 10 months
Due to Sclerosis from stone work lifting instruments 15 yrs.
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 132
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) (c) Means of injury 2
23. Signature Dr. Lloyd Carroll or other Mo.
Address Macon Mo. Date signed 12/28/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
101027

RECEIVED

District Health Officer No. 10

District File Number 3-46-391

Date Filed MAR 7 1946

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.

..... P. O. Address.....

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.