

FILED MAY 10 1946

Registration District No. 157

Primary Registration District No. 55 87

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Rural Preston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3 Mile South Of Jasper Mo./  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 10 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Minn. (b) County Unknown 999  
(c) City or town Eagle Lake 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location) 2  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Wm, Bert Sniff

(b) If veteran, name war None (c) Social Security No. 468240927

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

7. Birth date of deceased June 10th. 1867  
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 4  
If less than one day hr. min.

9. Birthplace Zanesville Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business School Janitor

MOTHER FATHER

12. Name John Sniff

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

14. Maiden name Unknown

15. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Peterson

(b) Address Mankato Minn

17. (a) Burial (b) Date thereof 4-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eagle Lake Minn.

18. (a) Signature of funeral director Chas. J. Teeter

(b) Address Jasper, Mo.

19. (a) 4-16-46 (b) L. B. Cantor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 14th.  
year 1946 hour 11 minute 20 A M.

21. I hereby certify that I attended the deceased from 19... to 19...  
that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction  
Due to: Coronary Artery Disease  
Due to: High Blood Pressure  
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 17.06.8  
Of autopsy: 23

22. If death was due to External causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 4/9  
(b) Date of occurrence 4/14/46  
(c) Where did injury occur? Miss. Jasper Mo  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

23. Signature: A. W. Duffelt (M.D. or other) Dr. Duffelt  
Address: 114 Apple St. Jasper, Mo. Date signed 4/17/46

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

46-4-337

---

---

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 Howard E Simpson  
Licensed Embalmer No. 4288  
P. O. Address Jasper, 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.**