

**FILED JUL 2 1946**  
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 140

Primary Registration District No. 5549

Registrar's No. 43

**1. PLACE OF DEATH:**

(a) County Howard  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(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)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME JAMES WESLEY SNOODY

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male (1) race White

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

6. (b) Name of husband or wife Edna Stanley

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

7. Birth date of deceased Feb. 30 - 1861  
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 22  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Howard Co. Mo. (1)  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name James Snoddy

13. Birthplace Not Known (9)  
(City, town, or county) (State or foreign country)

14. Maiden name Annada Stanley

15. Birthplace Not Known (9)  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Robert Glass

(b) Address Franklin Mo

17. (a) Burial (b) Date thereof 5-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bogart Co

18. (a) Signature of funeral director E. S. Hunner

(b) Address New Franklin Mo

19. (a) June 21, 46 (b) Donny Tom Sabie  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Howard (4)

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 28  
year 1946 hour 5 minute 4 M.

21. I hereby certify that I attended the deceased from Feb, 1946 to May 22, 1946  
that I last saw him alive on May 16, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

uremia  
Due to chr nephritis

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

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

Major findings: none  
Of operations \_\_\_\_\_

Of autopsy none

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) (e) Means of injury \_\_\_\_\_

23. Signature T C Beckett MD  
Address Boonville Mo Date signed 5-24-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18958

123

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-24-46

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.....

*H. L. Hall*

Licensed Embalmer No. 3515

P. O. Address

*New Franklin*

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.