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I. X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29492

State File No.

Registration District No. 14 Primary Registration District No. 2048 4028 Registrar's No. 23

1. PLACE OF DEATH:
(a) County BARTON
(b) City or town LIBERAL
(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 (Specify whether years, months or days)
In this community 70 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Barton
(c) City or town Liberal
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MINNIE SNODGRASS
3. (b) If veteran, name war NO
3. (c) Social Security No. No
4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HEBER SNODGRASS
6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased NOV. (Month) 15 (Day) 1865 (Year)

8. AGE: Years 80 Months 9 Days 24 If less than one day hr. min.

9. Birthplace PHELDEPHIA (City, town, or county) PENN. (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business
FATHER 12. Name CHARLES SELTER
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name ELISABETH SELTER
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant MR. WALTER SNODGRASS
(b) Address LIBERAL MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director L. Gerald Beery
(b) Address Liberal Mo.
19. (a) Sept 9 1946 (Date received local registrar) (b) Hortense Schooler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 year 46 hour 2 minute 5 A.M.
21. I hereby certify that I attended the deceased from Sept 4 1946 to Sept 8 1946 that I last saw him alive on Sept 8 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Stenosis — Duration
Due to
Due to 94A
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Embarrassment of heart action
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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0 (Specify type of place)
While at work? 0 (e) Means of injury 0
23. Signature B. B. Eddleman (M. D. or other)
Address Liberal Mo. Date signed 9/9/46

13 (Licensed Embalmer's Statement on Reverse Side)

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

OCT 4 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 L. Gerald Beery

Licensed Embalmer No. 4203

P. O. Address Sheldon, 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.