

FILED FEB 20 1947

Registration District No. **33**

Primary Registration District No. **3011**

Registrar's No. **164**

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

1. PLACE OF DEATH:

(a) County **Carroll**
(b) City or town **Carrollton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **South Side Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days**
In this community **6 days**
years, months or days

3. (a) PRINT FULL NAME **Minnie 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 **William Snodgrass** 6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **July 27, 1869**
(Month) (Day) (Year)

8. AGE: Years **77** Months **5** Days **18** If less than one day hr. min.

9. Birthplace **Dawn Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Daniel R. Johnson**

13. Birthplace **Ky**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **William Snodgrass**

(b) Address **Chillicothe, Mo**

17. (a) **Plyburial** (b) Date thereof **1-18-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Plymouth**

18. (a) Signature of funeral director **Bernard F. Mead**
(b) Address **1-15-47 Brayner, Mo**

19. (a) **1-15-47** (b) **Mr. Herbert Calcutt**
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Livingston**
(c) City or town **Chillicothe**
(If outside city or town limits, write "RURAL")
(d) Street No. **1525 Bryan**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **15th** year **1947** hour **5** minute **P. M.**

21. I hereby certify that I attended the deceased from **Jan 9**, 1947, to **Jan 15**, 1947, that I last saw her alive on **Jan 15th**, 1947, and that death occurred on the date and hour stated above

Immediate cause of death **Myocardial infarction**
Duration

Due to **Acute cholelithiasis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **126** 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) (e) Means of injury **2**

23. Signature **Wm. E. Hutchins** (M.D. or other) **MD**
Address **Carrollton, Mo** Date signed **1/15/47**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-12-47

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.....

Signed Bernard J. Mead

Licensed Embalmer No. 2801

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.