

1. PLACE OF DEATH:
 (a) County Phelps
 (b) City or town St James, Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution none
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Phelps
 (c) City or town Rural
(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 HERMAN SNOW
 (b) If veteran, name war
 (c) Social Security No. 600-12-4357

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 4 day 1
 year 1947 hour minute M.
 21. I hereby certify that I attended the deceased from March 30,
1947 to April 1, 1947
 that I last saw him alive on April 1, 1947
 and that death occurred on the date and hour stated above.

4. Sex MD 5. Color or race W
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive years 13 years 1909
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 2 days
 Due to Hypertension 3 years

8. AGE: Years Months Days If less than one day
37 5 18 hr. min.
 9. Birthplace Phelps Co MO
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
 Due to

MOTHER FATHER
 11. Industry or business
 12. Name Theodore Snow
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Deener
 15. Birthplace MO
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: Of operations CSA
 Of autopsy

16. (a) Informant Wm Snow
 (b) Address St James MO
 17. (a) Burial (b) Date thereof 4-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St James
 18. (a) Signature of funeral director Wm Snow
 (b) Address St James MO
 19. (a) May 3, 1947 (b) Carole Birmingham
(Date received local registrar) (Registrar's signature)

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? 0 (Specify type of place) (e) Means of injury
 23. Signature CSA (M. D. number)
 Address St James, Mo Date signed 4-22-47

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

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.....

me....., Registered Apprentice No.....
working under my personal supervision.

Signed *Orval E. Licklider*.....

Licensed Embalmer No. *3544*.....

P. O. Address *H. J. James*.....

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.