

FILED JUN 18 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. **5880**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Osage** **Linn Mo.**  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Osage County Boarding Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **2 months**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Marion**  
(c) City or town **Vienna Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**William L. Snodgrass**

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

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

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Singhe**

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **May 10 1882**  
(Month) (Day) (Year)

8. AGE:

Years **65**

Months

Days **28**

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Vienna Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

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

12. Name **E.J. Snodgrass**

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

14. Maiden name **Mary J. Davis**

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

16. (a) Informant **Mrs Will Knight**

(b) Address **Vienna Mo**

17. (a) **Burial**  
(Burial, cremation, or removal)

(b) Date thereof **6-7-47**  
(Month) (Day) (Year)

(c) Place: burial or cremation **McGee-Vienna Mo**

18. (a) Signature of funeral director **Glyde Morton**

(b) Address **Vienna Mo**

19. (a) **6-14-47**  
(Date received local registrar)

(b) **E. J. Snodgrass**  
(Registrar's signature) **238**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **4**  
year **1947** hour **5** minute \_\_\_\_\_ p.m.

21. I hereby certify that I attended the deceased from **5-10-1947** to **5-22-1947**  
that I last saw him alive on **5-22-1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cognitive heart failure**  
Due to **Myocardial Infarction + Aortic Regurgitation**  
Due to **Hypertension**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
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)  
(i) Means of injury \_\_\_\_\_  
23. Signature **Norman W. Baldwin** (M. D. or other) **Do**  
Address **Lawrence, Mo.** Date signed **6/10/47**

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

Date Filed 6-17-47

District File Number \_\_\_\_\_

District Health Officer No. **9**

**RECEIVED**

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**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..... *Vernon M. Morton*

Licensed Embalmer No. *4125*

P. O. Address *Linn*

**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.