

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28697  
Registrar's No. 191

Registration District No. 294 Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Mobile  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
McCombs Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

In this community suburban type

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph

(c) City or town Mobile  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Nora Belle Snidow

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 Edward Snidow

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Jan 13 1881  
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 4  
If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business at home

12. Name Edward Johnston

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

14. Maiden name Arville Munson

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

16. (a) Informant Robert Snidow

(b) Address 510 S. Arch Mobile

17. (a) burial (b) Date thereof 8-19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director W. E. Johnson

(b) Address Marion Mo

19. (a) Aug 19-47 (b) Leah Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17<sup>th</sup>  
year 1947 hour 10<sup>am</sup> minute 35<sup>P</sup> M.

21. I hereby certify that I attended the deceased from Aug 8 1947 to Aug 17<sup>th</sup> 1947;  
that I last saw her alive on Aug 10 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to Senile Phycosis

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

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

Major findings:  
Of operations 9 gk

Of autopsy \_\_\_\_\_

Duration 4 hrs

4 yrs

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)

(c) Means of injury 2

23. Signature Benjamin Jolly M. D. or other \_\_\_\_\_  
Address 203 1/2 N. Clark Mobile Date signed 8/18/47

RECEIVED  
District Health Officer No. 10  
District File Number 8:47:1122  
Date Filed AUG 25 1947

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 W. Fred A. Thompson  
Licensed Embalmer No. 2282  
P. O. Address .....

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.