

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41149

Registration District No. 61

Primary Registration District No. 5265

Registrar's No. 17

1. PLACE OF DEATH

(a) County Christian
(b) City or town Sparta Mo. Rural
(c) Name of hospital or institution: Sparta Township
(d) Length of stay: 20 years
In this community 20 years

3. (a) PRINT FULL NAME Henry Snook
3. (b) If veteran name war
3. (c) Social Security No.

4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Arteria Snook
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Feb 2 1876

8. AGE: Years 71 Months 7 Days 4

9. Birthplace Iowa

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Jamiea Snook
13. Birthplace England
14. Maiden name Sarah E. Barnhart
15. Birthplace England

16. (a) Informant Mrs Arteria Snook

(b) Address Sparta Mo

17. (a) Burial (b) Date thereof Dec 9-47

(c) Place: burial or cremation - Monse Cemetery

18. (a) Signature of funeral director S. K. Chaffin

(b) Address Clark Mo
19. (a) Dec 31-47 (b) Lillie Barn

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Charleita
(c) City or town Sparta Mo. Rural
(d) Street No. Sparta Township
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1947 hour 3 minute 50 AM
21. I hereby certify that I attended the deceased from Oct 1946 to Oct 7 1947
that I last saw him alive on Oct 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart
Due to Chronic Myocarditis

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature R. Harriet Hilliard M. D. or Other)
Address Sparta, Mo Date signed 12-21-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number L48-31
Date Filed JAN 12 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 T. B. Chaffin
Licensed Embalmer No. 2192
P. O. Address Ozark, 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.