

S. No. 2  
1-542  
6-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7694

State File No. ....

FILED APR 8 1948

Registration District No. ....

Primary Registration District No. 400.3

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:  
Arch Millsap home. 7 Months.  
(If not in hospital or institution, write street number or location)

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

In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

(c) City or town Edina.-Nine Miles South  
(If outside city or town limits, write "RURAL")

(d) Street No.....  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or other)  
If yes, name country.....

3. (a) PRINT FULL NAME Betsy Snelling

(b) If veteran, name war..... (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29  
year 1948 hour..... minute..... M.

21. I hereby certify that I attended the deceased from December 21 1947, to March 27 1948.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Snelling 6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased March- 26 - 1864  
(Month) (Day) (Year)

that I last saw h..... alive on..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery - Aneurysm Duration.....

8. AGE: Years 83 Months 11 Days 26 If less than one day  
hr. min.

Due to.....

Due to.....

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

9. Birthplace Knox County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Homekeeper

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN.....  
Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Richard Cornelius

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

14. Maiden name Mary Catherine Adams

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

16. (a) Informant Richard P. Snelling

(b) Address Edina, Mo.

17. (a) Burial (b) Date thereof 3-26-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BeeRidge, Knox County, Mo.

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?.....  
(Specify type of place)

18. (a) Signature of funeral director Kath Hudson

(b) Address Edina, Mo.

19. (a) 3-28-48 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature Wm. G. Alpher (M. D. or other) P.O.

Address Edina, Mo. Date signed 3/27/48

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

MOTHER FATHER

K  
B  
R

97

RECEIVED  
District Health Officer No. 10  
District File Number 4-48-629  
Date Filed APR -7 1948

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 Keith Hudson  
Licensed Embalmer No. 2413  
P.O. Address Edina, Missour

**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.**