No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 8 1948

Registration District No. 226

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4336

State File No. 20194

Registrar's No. 24

1. PLACE OF DEATH:
(a) County: MONROE
(b) City or town: HOLLIDAY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(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: 8 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: MONROE 69
(c) City or town: HOLLIDAY
(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: THOMAS EUSTACE SNELL
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: MARRIED
6. (b) Name of husband or wife: MAUDE SNELL
6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: OCT. (Month) 4 (Day) 1887 (Year)

8. AGE: Years 60 | Months 8 | Days 27 | If less than one day ... hr. ... min.

9. Birthplace: MONROE CO. (City, town, or county) MO. (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business:
FATHER
12. Name: WM H. SNELL
13. Birthplace: (City, town, or county) MO. (State or foreign country)
MOTHER
14. Maiden name: MATTIE CROW
15. Birthplace: (City, town, or county) MO. (State or foreign country)
16. (a) Informant: MRS. T.E. SNELL
(b) Address: HOLLIDAY, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JULY 3, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: WALNUT GROVE, PARIS
18. (a) Signature of funeral director: Speed Blakey
(b) Address: PARIS, MO.
19. (a) July 3, 1948 (Date received local registrar) (b) Olive Blake (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 1 year 1948 hour 3 minute 35 A.M.
21. I hereby certify that I attended the deceased from JUNE 10, 1944, to July 1, 1948, that I last saw him alive on July 1, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic Mitral Heart Disease	N.K.
Due to —	
Due to —	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: F.A. Barnett (M. D. or other)
Address: PARIS, MO. Date signed: 7-1-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-48-1127
Date Filed JUL 6 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 E B Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.