

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21933

FILED JUL 1 1948

Registration District No. 3499

Primary Registration District No. 4514

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Green City, Mo.  
(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  
In this community Life years, months or days) \_\_\_\_\_

3. (a) PRINT FULL NAME MARtha JANE SNOW  
3. (b) If veteran, name war 2 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 1 Color or race w. 6. (a) Single, widowed, married, divorced m.  
6. (b) Name of husband or wife William H. Snow 6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased: 2 / 12 / 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 4 8 hr. min.

9. Birthplace McClain Co. Ill. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business James Head

12. Name JAMES HEAD

13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

14. Maiden name LUCY DENNIE 9

15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant William H. Snow

(b) Address Green City, Mo.

17. (a) Burial (b) Date thereof 6-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green City, Mo.

18. (a) Signature of funeral director Wm. E. Kent 5

(b) Address Green City, Mo.

19. (a) 6-26-48 (b) James Snow Catlett  
(Date received local registrar) (Registrar's signature) 216

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan  
(c) City or town Green City 105  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th  
year 1948 hour \_\_\_\_\_ minute 10 a.m.

21. I hereby certify that I attended the deceased from June 20  
1948 to June 20 1948.  
that I last saw her alive on June 15 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure  
Due to Senility

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

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None  
(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? None (e) Means of injury None

23. Signature Guy W. Lehl (M., D. or other)

Address Green City, Mo. Date signed 6-21-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

47  
39  
906

RECEIVED

District Health Officer No.

District File Number 6-48-1

Date Filed ~~8-10-48~~

JUN 30 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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Greensboro

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.