

No. 2  
-1/47  
-17-39

32031

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED OCT 18 1948**  
Registration District No. 12

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. 1075

Primary Registration District No. 1000

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

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. Meth. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether 18 years)  
In this community 18 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 210 No. 8th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Ruby Snow Courter  
(b) If veteran No name war .....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 10  
year 1948 hour 7 minute 30 A.M.  
21. I hereby certify that I attended the deceased from 7-6-46  
....., 19....., to 10-10- 19 48  
....., 19 48  
that I last saw h. er alive on 10-10- 19 48  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edward C. Courter 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased December 18 1891  
(Month) (Day) (Year)

Imp. cause of death Mitral Stenosis & Aortic Insufficiency with Decompensation  
Due to .....

8. AGE: Years Months Days If less than one day  
56 9 22 hr. min.

Due to Enlarged Spleen  
Other conditions (Include pregnancy within 3 months of death) JK?

9. Birthplace Gentry County Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Bookkeeper  
11. Industry or business Carnes Motor Co.

Major findings: Of operations g2B  
Of autopsy: .....

MOTHER FATHER

12. Name W. W. Snow  
13. Birthplace Rockport Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan Dixon  
15. Birthplace Plattsburg Missouri  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) .....

16. (a) Informant Mrs. W. W. Snow  
(b) Address St. Joseph, Mo.  
17. (a) Burial (b) Date thereof 10/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation King City, Mo.  
18. (a) Signature of funeral director Norton-Bowman  
(b) Address St. Joseph, Mo.  
19. (a) 10-14-48 (b) E. B. Jenkins  
(Date received local registrar) (Registrar's signature)

(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 Clyde Smith (M.D. or other) MD  
Address 718 7th St. St. Joseph State signed 10/14/48

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

MAR 24 1949

NOV 13 1948

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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.....

*Eugene Wood*

Licensed Embalmer No.....

*3804*

P. O. Address.....

*319 So 10th, St Joseph, 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.