

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 18 1948

Registration District No. 52

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5112

State File No.

35573

Registrar's No.

79 78

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Rural - Lutesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 8 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs Rebecca-Jane-Snodgrass

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife John Snodgrass 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 21 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 2 10 _____ hr. _____ min.

9. Birthplace Præsthan Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Sam. Masley Not known
13. Birthplace Not know Not known
(City, town, or county) (State or foreign country)
14. Maiden name Not know
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Violet Snodgrass

(b) Address Lutesville. Mo.

17. (a) Burial (b) Date thereof Nov. 11 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dry Creek Cemetery

18. (a) Signature of funeral director: Allen Rinder

(b) Address Sutessville, Mo.

19. (a) Nov. 8 - 1948 (b) Wilkie VanDunburg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger 90
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 8 miles south of Lutesville 0
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
year 1948 hour 3 minute AM

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

that I last saw him alive on 11/1/48, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration _____

Due to _____

Due to _____

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

Major findings: _____

Of operations _____
Of autopsy 950

PHYSICIAN

Underline the cause to 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? 2

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John J. Massey (M. D. or R.C.)
Address Sutessville, Mo. Date signed 11/5/48

RECEIVED

Health Officer No. 4

File Number 1148-142

Date Filed 11-17-48

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

Earl J. Smith

Licensed Embalmer No.

2676

P. O. Address

Cran, 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.