

FILED FEB 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4501**

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4198</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>King City</u>		c. LENGTH OF STAY (in this place) <u>15 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>King City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u></u>			
3. NAME OF DECEASED (Type or Print) <u>Giles</u>		a. (First)		b. (Middle)		c. (Last) <u>Snapp</u>	
4. DATE OF DEATH <u>1 21 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Gen White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>June 1, 1869</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>20</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Houseman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Green bush Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert M. Snapp</u>		13b. MOTHER'S MAIDEN NAME <u>Calerna Morris</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. T.H. Everett, 728 S. 17. St. Joseph Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2347</u>				INTERVAL BETWEEN ONSET AND DEATH <u>99 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 14</u> , 19 <u>49</u> , to <u>Jan. 21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan. 17</u> , 19 <u>49</u> , and that death occurred at <u>7-2</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. Blackhook M.D.</u>				23b. ADDRESS <u>King City Mo</u>		23c. DATE SIGNED <u>1-23-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1.23.1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Butler</u>		24d. LOCATION (City, town, or county) (State) <u>King City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 24 1949</u>		REGISTRAR'S SIGNATURE <u>Harner N. M. M. M.</u>		FURNAL DIRECTOR'S SIGNATURE <u>R. G. Paggart</u>		ADDRESS <u>King City Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Blackhook

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

R. G. Tarrant

Signed _____
Student Embalmer

Licensed Embalmer No. 2563

P. O. Address Kin City 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.