

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D OCT 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

31774  
Do not use this space.

1. PLACE OF DEATH *Barry* <sup>2</sup>

(a) County *Barry* Registration District No. *31*

(b) Township *Butterfield* Primary Registration District No. *6240*

(c) City *Barry* (d) Street No. *1* St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *532 Bert L Snodgrass*

(a) Residence, No. *532* St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male*

4. COLOR OR RACE *white*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) *Lucille Snodgrass*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 4 1893*

7. AGE YEARS *46* MONTHS *1* DAYS *29* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. *Farmer*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Reno County Kansas*

13. NAME *George Snodgrass*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Apponauc Co. Iowa*

15. MAIDEN NAME *Mary Rector*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Macon Co. Iowa*

17. INFORMANT (ADDRESS) *Mrs. Lucille Snodgrass P#1 Barry*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Antioch Cem.* DATE *Sept 6, 39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Rooy Funeral Home Cassville, Mo*

20. FILED *Sept. 6, 1939* *Donald Blankenship* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 3, 1939*

22. I HEREBY CERTIFY, That I attended deceased from *March* 1939, to *Sept 2* 1939

I last saw him alive on *Sept 2* 1939. Death is said to have occurred on the date stated above, at *12:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Subacute bacteriendocarditis* Date of onset *made 1939*

*gfw*

Other contributory causes of importance: *Hypertension + Arterio sclerosis*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_ (Signed) *Charles A. Spears, M.D.* (Address) *Cassville, Missouri*

*W. W. W.*

RECEIVED

District Officer No. 6,

District 1039-1929

Date Filed OCT 4 1939

**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, .....

*Eugene Wood*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Eugene Wood*

Licensed Embalmer No. 3804

P. O. Address Cassville, Md.

**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, above space should be left blank.**