

FILED MAR 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7623

Registration District No. 576

Primary Registration District No. 5773

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Hight Point
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Herman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether)
In this community 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 58
(c) City or town Fipton (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Joe Snogross

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

4. Sex Mal 5. Color of race Colored 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Feb 15 1864 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>		<u>11</u>	hr. min.

9. Birthplace Fipton Mo (City, town or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

12. Name Dick Snogross

13. Birthplace Virginia (City, town or county) (State or foreign country)

14. Maiden name Dick Knott

15. Birthplace Virginia (City, town or county) (State or foreign country)

16. (a) Informant Earl Snogross

(b) Address California Mo

17. (a) Burial (b) Date thereof 2/27/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lane

18. (a) Signature of funeral director William J. Green

(b) Address California Mo

19. (a) 3-1-1941 (b) Jewell W. Phillips (Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 26 day _____ year 1941 hour _____ minute 8:30 P. M.

21. I hereby certify that I attended the deceased from July 23, 1941, to July 26, 1941; that I last saw him alive on July 25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to _____

Due to _____

Other conditions Chronic nephritis (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 500 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Edgar A. Fitts (M. D. or other) D
Address California Mo Date signed 2/27/41

Duration month

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

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.