

V. S. No. 2
00M-5-43
Rev. 5-17-39
1 X36671

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

Registration District No. 12

Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mission Medical Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 5 Days
years, months or days)

3. (a) PRINT FULL NAME Rutherford E. Snell
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Snell
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased August 13 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 16
If less than one day hr. min.

9. Birthplace Stark Co Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Albert L. Snell

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

14. Maiden name Mary Billups

15. Birthplace unknown not known
(City, town, or county) (State or foreign country)

16. (a) Informant Albert C. Snell

(b) Address 4664 Felton St San Diego Calif

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 1948
(Month) (Day) (Year)

(c) Place: burial or cremation 1000 F Pattonsburg MO

18. (a) Signature of funeral director Phil Z. Dandam

(b) Address Pattonsburg MO

19. (a) 5-29-48 (b) E. E. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Daviess 31
(c) City or town Pattonsburg
(If outside city or town limits, write "RURAL")
(d) Street No. Pattonsburg
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 29
year 1948 hour 5 minute 29 A.M.
21. I hereby certify that I attended the deceased from May 25, 1948, to 5-29-1948
that I last saw him alive on 5-29-48
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chr.
Endocarditis chr.
Duration Don't know

Due to Arteriosclerosis General Don't know

Due to

Other conditions Cholecystitis chr.
(Include pregnancy within 3 months of death) Don't know

Major findings: Of operations none

Of autopsy none

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?

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

23. Signature E. M. Shores (M. D. number) 147

Address St. Joseph Mo Date signed 5-29-48

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

Robert V. Dunham

, Registered Apprentice No. 50

working under my personal supervision.

Signed

E. S. Brown

Licensed Embalmer No. 2857

P. O. Address Pattersonburg 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.