No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 16 1948
Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5078

State File No. 35551

Registrar's No. 101

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Rural, Sleepwater Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South of Spruce No 3 miles
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~ (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. South of Spruce 3 miles (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BESSIE MIRTLE SNODGRASS
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W A Snodgrass
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased July (Month) 15 (Day) 1893 (Year)

8. AGE: Years 55 Months 3 Days 24 If less than one day ~ hr. ~ min.

9. Birthplace Bates County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ~
MOTHER FATHER
12. Name J. J. Wilson
13. Birthplace Cooper County (City, town, or county) Missouri (State or foreign country)
14. Maiden name Josephine Young
15. Birthplace Cooper County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Jed A. Snodgrass
(b) Address Spruce Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Radford Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Spurgeon City Missouri
19. (a) 11-12-48 (Date received local registrar) (b) Kendall Keasey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1948 hour 2 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 9, 1946 to Nov 3, 1948 that I last saw her alive on Nov. 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardosis	
Due to: arteriosclerosis	
Due to: Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 0 3 R
Of autopsy

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

23. Signature W. E. Baggerly (M. D. or other) MD
Address Montrose Mo Date signed 11-10-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-48-1317
Date Filed 11-15-48

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 .....
Jack Wilson, Registered Apprentice No. 12,
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton 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.