REC'D AUG 24 1938

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

25185
Do not use this space.

1. PLACE OF DEATH
(a) County Dallas
Registration District No. 241
(b) Township N. Benton
Primary Registration District No. 0534
Registered No. 1191
(c) City Buffalo
(d) Street No. .... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Emmett J. Snider
(a) Residence, No. Buffalo Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leona Snider
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23 - 1879
7. AGE YEARS 58 MONTHS 9 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Mo.

FATHER
13. NAME C. C. Snider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER
15. MAIDEN NAME Della
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT Leona Snider
(ADDRESS) Buffalo Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Lawn Cem. DATE 7. 13 1938
19. FUNERAL DIRECTOR (NAME) L. B. Cope
(ADDRESS) Buffalo Mo
20. FILED 7/18 1938 Harvey Moore
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12 1938
22. I HEREBY CERTIFY, That I attended deceased from 1937, 19...., to 7-12, 1938
I last saw him alive on 7-12, 1938. Death is said to have occurred on the date stated above, at 3:15 a.m.
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia — Date of onset 7-1-38
8 da.

Other contributory causes of importance:
Hemiplegia & Arterio Sclerosis

Name of operation .... Date of ....
What test confirmed diagnosis? none Was there an autopsy? no

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? no
If so, specify ....
(Signed) O. O. Hamman, M. D.
(Address) Buffalo Mo.

(Licensed Embalmer's Statement on Reverse Side)

107a

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. (Fail with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. IS A PER

ROWENA MOOR

V. S. No. 28.
5074-8-5-37

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

25-185
Do not use this space.

1. PLACE OF DEATH
(a) County Dallas Registration District No. 241
(b) Township Benton Primary Registration District No. 5334 Registered No. 1191
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Everet J. Snider
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 58 MONTHS 9 DAYS 19 If LESS than 1 day, ...hrs. or ......min.

OCCUPATION
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.
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)

FATHER
13. NAME C C Snider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Della Snider
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED 8/10 1938 Harvey Moore
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12, 1938
22. I HEREBY CERTIFY, That I attended deceased from ......, 19...., to ......, 19....
I last saw h.... alive on ......, 19..... Death is said to have occurred on the date stated above, at ......m.
The principal cause of death and related causes of importance were as follows: Date of onset

Filed in Approved Aug 6 1940

Other contributory causes of importance:

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) C. O. Sammons, M. D.
(Address) Buffalo Mo

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.
THERE IS A FEE FOR CERTIFICATES ..... THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
(a) County Dallas Registration District No. 241
(b) Township Benton Primary Registration District No. 5334 Registered No. 1191
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Everett J. Snider
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: YEARS 38 MONTHS 9 DAYS 19 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED 19 *Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 . I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows: Date of onset
Broncho Pneumonia
820
Other contributory causes of importance: Hemiplegia and arteriosclerosis which was result of Cerebral hemorrhage.
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) C. O. Gammon, M. D.
(Address) Buffalo Mo

N. B.—REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW