

JAN 14 1939

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

43090
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
(b) Township _____ Primary Registration District No. 2001 Registered No. 954
(c) City SPRINGFIELD (d) Street No. 806 N. Kansas 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

(a) Residence, No. 806 N. Kansas St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Lulu Snider
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 30, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Contractor
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) Fair Grove, Mo.
(STATE OR COUNTRY)

13. NAME Alexander Snider

14. BIRTHPLACE (CITY OR TOWN) S. Carolina
(STATE OR COUNTRY)

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT Maurice M. Snider
(ADDRESS) 806 N. Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE Dec. 13, 1938

19. FUNERAL DIRECTOR (NAME) W. G. Thiem
(ADDRESS) Springfield, Mo.

20. FILED Dec 13, 1938 Chas. A. George
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1936, to Dec 11, 1938

I last saw him alive on Dec 1, 1938. 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:

Coronary thrombosis Date of onset Sudden

Other contributory causes of importance:

arterial hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) Wm. H. Slesby, M. D.

(Address) Springfield, Mo.

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, _____

Ralph Thierne

_____, or by _____

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

Signed _____

Ralph Thierne

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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, above space should be left blank.