

Davis ~~1938~~ JAN 13 1939

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

44671

Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 836
 (b) Township Liberty Elk Primary Registration District No. 6100
 (c) City Dexter (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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.

Registered No. _____

2. PRINT FULL NAME 536 Laura Bell Snider

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. H. Snider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 0 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
 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) Stoddard Co. Mo. 0

FATHER 13. NAME James Warren

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER 15. MAIDEN NAME Abigail Swain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

17. INFORMANT H. H. Snider
 (ADDRESS) Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter DATE 12-11-38, 1938

19. FUNERAL DIRECTOR (NAME) Blankenship-Strickland
 (ADDRESS) Dexter, Mo.

20. FILED _____, 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 15th 1938 to Dec 8th 1938, 1938
 I last saw her alive on Dec 2nd 1938, 1938 Death is said

to have occurred on the date stated above, at 5:45 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
of chronic parenchymatous type

Other contributory causes of importance: 121

Name of operation _____ Date of _____
 What test confirmed diagnosis? 2 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 _____, 1938
 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) S. S. Nestles, M. D.

(Address) Mo. R. H. ...

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,

J. E. Stuckel

or by

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

Signed

J. E. Stuckel

Licensed Embalmer No. 2479

P. O. Address Watts, Miss.

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 836
 (b) Township Elk Primary Registration District No. 6160 Registered No.
 (c) City (d) Street No.
 (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 Laura Bell Snider
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. H. Snider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>38</u>	<u>0</u>	<u>18</u>	

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. Domestic
 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) Stoddard Mo

FATHER

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

MOTHER

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

17. INFORMANT (ADDRESS) H. H. Snider Depler Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Depler DATE 12-11-1937

19. FUNERAL DIRECTOR (ADDRESS) Blankenship - Strickland Depler Mo.

20. FILED 2-21-1939 Laura Hopkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8, 1938

I HEREBY CERTIFY, That I attended deceased from July 15 to Dec 8, 1938
 I last saw her alive on Dec 2d, 1938. Death is said to have occurred on the date stated above, at 5:45 P. M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myo. Carditis
Chronic Parenchymatous
Splinitis

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? 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
 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

(Signed) J. S. Davis, M. D.
 (Address) Depler Mo

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

