

JUL 18 1939

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

21399

Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
(b) Township Kirkville Primary Registration District No. 3001 Registered No. 153
(c) City Kirkville (d) Street No. 506 North Franklin 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 536 John Thomas Snider 306 North Franklin St. Lancaster Mo.
(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 Male 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 Lizzie Snider
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12 - 1874
7. AGE YEARS 64 MONTHS 10 DAYS 13 If LESS than 1 day,hrs. ormin.
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. Farmer
10. Date deceased last worked at this occupation (month and year) 1-1-39 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co. Missouri

FATHER 13. NAME Gorge W. Snider

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co. Missouri

MOTHER 15. MAIDEN NAME Nancy Frances Waddell

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

17. INFORMANT (ADDRESS) Mrs. Lizzie Snider
506 North Franklin Kirkville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE O.O.F. Cemetery DATE 6-27-39
Lancaster Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Deer Valley
Kirkville Mo.

20. FILED June 17, 1939 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25-1939

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1938 to June 15, 1939

I last saw him alive on June 23, 1939. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Valvular Heart Disease
(Chronic endocarditis)

Other contributory causes of importance: 92 W

Name of operation None Date of None

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

3 (Signed) Asperambien M. D.

(Address) Lancaster Mo.

RECEIVED

District Health Officer No. 10

District File Number 7-39-1287

Date Filed JUL 13 1939

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. (Failure to comply with the above constitutes grounds for revocation of license.)

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