DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6090

Registration District No. 1089 Primary Registration District No. 6136 Registrar's No.

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rt. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John W. Snider

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 8, 1879
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Low Wassie, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Snider
13. Birthplace Carter Co. Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Neal
15. Birthplace Carter Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louise Snider
(b) Address Poplar Bluff, Mo. Rt. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-40 (Month) (Day) (Year)
(c) Place: burial or cremation Scott Cemetery

18. (a) Signature of funeral director Greer-Croy Service
(b) Address Poplar Bluff, Mo.

19. (a) 3-9 1940 (Date received local registrar) (b) Rena Burrell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 year 1940 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from Sept 1, 1939, to Feb 12, 1940 that I last saw him alive on Dec 20, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypothyroidism	
Due to Chronic myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
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 J M Henneman (M. D. or other)
Address Poplar Bluff Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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.

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.