

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

48338

State File No.

Registration District No. 282

Primary Registration District No. 5401

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell Rural
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Franklin Snider 536

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Oct 14 - 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name A. Snider 13. Birthplace Mo. (City, town, or county) (State or foreign country)

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

16. (a) Informant Son Claude Snider

(b) Address Campbell RR.

17. (a) Burial (b) Date thereof May 18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trucker

18. (a) Signature of funeral director Lawless Funeral Home

(b) Address Campbell Mo. 251

19. (a) May 11-40 (b)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin
(c) City or town Campbell Rural
(If outside city or town limit, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17-40
year hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Parachymolous Kidney
Uremic Poison

Due to

Due to

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

John E. Brown
While at work? (Specify type of place) (e) Means of injury

23. Signature John E. Brown (M. D. or other) 1

Address Campbell Mo Date signed May 18-40

RECEIVED

District Health Officer No. 2,

District File Number 640-113

Date Filed 6/11/40

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.