

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 13 1941

Registration District No.

125

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

9009

State File No.

42050

Registrar's No.

416

1. PLACE OF DEATH:

- (a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
207 Mason St.
(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)

3. (a) PRINT

FULL NAME

Clayton Snider

3. (b) If veteran,

name war _____

3. (c) Social Security

No. 490-05-7180

4. Sex Male

5. Color or

race White

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

6. (b) Name of husband or wife

Pearl Sledge Snider

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

April

21

1909

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

31

7

20

hr.

min.

9. Birthplace

Kingman

(City, town, or county)

Indiana

(State or foreign country)

10. Usual occupation

Truck Driver

11. Industry or business

Trucker

MOTHER FATHER

12. Name John H. Snider

13. Birthplace Brown Co. Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Lanem

15. Birthplace Brown Co. Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Pearl Snider

(b) Address 207 Mason St.

17. (a) Burial

(b) Date thereof

12/14/1940

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Farmington Cem.

18. (a) Signature of funeral director

L. L. Harman

(b) Address 107 So. Sprigg, Cape Girardeau

19. (a) 12-14-40

(b)

J. M. Thompson

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 207 Mason St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 11th
year 1940 hour 2 minute _____ 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 I, N. Burton Short find that the deceased came to his death by a self inflicted

Due to shot/gun/gun shot wound, in the forehead--22 Cal. Rifle

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

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) Suicide
(b) Date of occurrence Dec 11, 1940
(c) Where did injury occur? Cape Gir. Cape Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
121 Home
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature N. Burton Short Coroner (M. D. or other) _____

Address Jackson, Mo. Date signed 12-14-40

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, ~~any~~.....

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

Signed..... *Howard R. Haman*

Licensed Embalmer No. *4122*

P. O. Address..... *Boyle, Indiana*

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.