

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **14260**

Registration District No. 199 Primary Registration District No. 3011 Registrar's No. 55

1. PLACE OF DEATH:  
(a) County Clay  
(b) City or town Excelsior Springs, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether  
In this community unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Daviess  
(c) City or town Pattonsburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. -- (If rural, give location)  
(e) If foreign born, how long in U. S. A. -- years.

3. (a) PRINT FULLNAME Charles A. Snider  
(b) If veteran, name war World (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 11th  
year 1941 hour 8:52 minute A. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced/Married  
6. (b) Name of husband or wife Esther M. Snider 6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased: January 21, 1893  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 4, 1941 to April 11, 1941, that I last saw him alive on April 11, 1941 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
48 2 21 hr. min.

Immediate cause of death Appendicitis, gangrenous  
Due to Malnutrition  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Gangrenous appendix  
Of operations  
Of autopsy No autopsy

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

10. Usual occupation Farming  
11. Industry or business

MOTHER FATHER { 12. Name Anderson Snider  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Elizabeth Huffman  
15. Birthplace Pattonsburg, Mo.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Hospital Records  
(b) Address

17. (a) Pattonsburg, Mo. (b) Date thereof 4-11-41  
(Date of death, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation near Pattonsburg, Mo.

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

18. (a) Signature of funeral director Claude Prichard  
(b) Address Excelsior Springs, Mo.  
19. (a) April 12-41 (b) Miss M. E. Crocker  
(Date received local registrar) (Registrar's signature)

23. Signature E. A. WEICH (M. D. or other)  
Address Veterans Administration Date signed 4-11-41

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

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1  
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RECEIVED  
District Health Officer No. 8  
District File Number 5-6-41  
Date Filed

**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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, Mo.

**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, fact should be so stated above.**