

FILED NOV 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34450  
Registrar's No. 409

Registration District No. 87

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff *Mo.*  
(c) Name of hospital or institution: Poplar Bluff Hospital  
(d) Length of stay: In hospital or institution 6 days  
In this community 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard *103*  
(c) City or town Rural  
(d) Street No. Essex, Mo. H. F. D. #1  
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Nancy Lucinda Snider

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John C. Snider  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Jan. 3, 1876

8. AGE: Years 64 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Stoddard Co. Mo.

10. Usual occupation Domestic

11. Industry or business.....

12. Name T. J. Boyd  
13. Birthplace Illinois  
14. Maiden name Ellen Smith  
15. Birthplace Tenn.

16. (a) Informant Paul Snider  
(b) Address Dexter, Mo.

17. (a) Removal (b) Date thereof 10-24-41  
(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Blankenship-Strickland  
(b) Address Dexter, Mo.

19. (a) 1-3-41 (b) Belle Starnes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 24  
year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2:00 pm  
Oct. 18 1941 to Oct. 24 1941  
that I last saw her alive on Oct 24 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Postoperative Embolism Duration 2 days

Due to Postoperative

Due to 111a

Other conditions no

Major findings: Cystocele, Rectocele, Protrusion Uteri  
Of operations Perineorrhaphy  
Operation Suspension of uterus  
Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence none  
(c) Where did injury occur? none  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none  
While at work? no (e) Means of injury no

23. Signature C. Porter (M. D. or other)  
Address Poplar Bluff, Mo. Date signed 10-30-41

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

RECEIVED

District Health Office No. 2;

District File Number 1141-1552

Date Filed 1/13/41

---

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~~ <sup>XXXX</sup> or by

J. E. Strickland Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3479

P.O. Address Dexter, 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.**