

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34830

Registration District No. 282

Primary Registration District No. 5401

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Campbell Rural Union  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home 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 Life years, months or days

3. (a) PRINT FULL NAME Geo. Andrew Snider

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 Married  
6. (b) Name of husband or wife Dora Snider 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Dec. 8th 1873 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 10 20 hr. min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name H. Snider  
13. Birthplace Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Mo.  
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Bill Snider  
(b) Address Flint Mich.

17. (a) Burial (b) Date thereof Oct. 31 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Campbell

18. (a) Signature of funeral director Landon James Stone

(b) Address Campbell Mo.

19. (a) 10-30-41 (b) Geo. Snider  
(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 limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th  
year 1941 hour 3 minute a M.

21. I hereby certify that I attended the deceased from May 10, 1940, to Oct 28, 1941.  
that I last saw him alive on Oct -, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Stenosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury D

23. Signature Mr. John Brown (M.D. or other) \_\_\_\_\_

Address Campbell Date signed 11.3.41

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

(Licensed Embalmer's Statement on Reverse Side)

**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 *Christina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.**