

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38863

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

PLACE OF DEATH:

(a) County Mississippi
(b) City or town East Prairie, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 55 yrs. years, months or days)

3. (a) PRINT FULL NAME CLARA MAY SNIDER

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Eugene C. Snider 6. (c) Age of husband or wife if alive 1883 years
7. Birth date of deceased Feb 7 (Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 26 If less than one day hr. min.

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

10. Usual occupation Home wife

11. Industry or business

12. Name John Thomas Myers

13. Birthplace Winkelman, Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Martha Stearns

15. Birthplace Winkelman, Ky (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Snider

(b) Address East Prairie Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 10-4 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director James Shelby

(b) Address East Prairie Mo.

19. (a) 12-9-1941 (Date received local returns) (b) Eme B m Hodges (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town East Prairie Mo. (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 Nov. day 9 year 1941 hour 1 minute 25 P.M.

21. I hereby certify that I attended the deceased from Nov. 7 to Nov. 9th 1941
that I last saw her alive on _____ 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

RECEIVED

District Health Office No.

District File Number 12-41-1

Date Filed 12-15-41

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, 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, fact should be so stated above.