

JAN 14 1942

State File No.

Registration District No. 124

Primary Registration District No. 4070

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Jackson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 70 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Jackson
(If outside city or town limits, write "RURAL")

(d) Street No. Gen Del
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mary 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 Widowed

6. (b) Name of husband or wife John A Snider 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 1st 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

{ 13. Birthplace _____ (City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Chas. N Cofer

(b) Address Cape Girardeau Mo

17. (a) Buriel (b) Date thereof 12 23 41
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Cem. Jackson Mo

18. (a) Signature of funeral director Burke H Howell

(b) Address Cape Girardeau Mo

19. (a) 12-23-41 (b) R. G. Huber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1941 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from Oct 11/40 to Oct 20 1941 that I last saw her alive on Dec 20 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia *36 hrs*

Due to Cerebral hemorrhage *6 yrs*

Due to Hypertension *10 yrs*

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: TR Ruff

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) _____

(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) (g) Means of injury _____

23. Signature T. E. Ruff (M. D. or other) MD

Address Jackson Mo Date signed 12-22-41

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

16
2
1

120

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.....

J. Howell

Licensed Embalmer No.....

3390

P. O. Address.....

Hope Junction, 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.