

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY, 23

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14176

Registration District No. 254

Primary Registration District No. 5358

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Darvess
(b) City or town Pattonburg "Rural"
(c) Name of hospital or institution Rural Benton House 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Daniel Webster 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 2 divorced widowed
6. (b) Name of husband or wife Sarah E. Snider 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Oct 12 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name David Snider
13. Birthplace Ohio (City, town, or county) 1 (State or foreign country)
14. Maiden name Sarah Baltimore
15. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

16. (a) Informant James R. Snider

(b) Address Pattonburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 17 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Civil Bend

18. (a) Signature of funeral director Geo L. Grimes

(b) Address Pattonburg Mo.

19. (a) 4-16-42 (Date received local registrar) (b) L. D. Robinson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Darvess
(c) City or town "Rural" Marion Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. Near Civil Bend
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1942 hour 3 minute 9 M.

21. I hereby certify that I attended the deceased from 2/15/42 to 4/15/42, 1942; that I last saw him alive on 4/15/42, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Scurvy Chagnum of stomach

Due to 468

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence

(c) Where did injury occur? mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury no

23. Signature L. D. Robinson (M. D. or other) no

Address Pattonburg Date signed 4/17/42

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. L. Gomer

Licensed Embalmer No. *3022*

P. O. Address *Pattersonburg 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.