V. S. No. 2
0M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14247

State File No. .....

Registration District No. FILED MAY 12 1942 Primary Registration District No. 4166 Registrar's No. 8

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Campbell, 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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35
(c) City or town Campbell (If outside city or town limits, write "RURAL") 1
(d) Street No. ..... (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country C

3. (a) PRINT FULL NAME Francis Marion Snider
3. (b) If veteran, name war Civil 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 Mary Jane Snider
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased February (Month) 25 (Day) 1848 (Year)

8. AGE: Years 94 Months ..... Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Jonesboro (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farming
11. Industry or business .....
MOTHER FATHER
12. Name Dr. Jacob Snider
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Mary ann Cross
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Vandelia Snider
(b) Address Campbell, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Elder
18. (a) Signature of funeral director Landess Funeral Home
(b) Address Campbell Missouri
19. (a) 3-13-1942 (Date received local registrar) (b) Mrs. L. P. Oliver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1942 hour 9 AM minute P. M.
21. I hereby certify that I attended the deceased from March 3rd, 1942, to March 11th, 1942
that I last saw h. alive on March 11th, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	
Auricular fibrillation	8 days.
Due to	
Due to	
Other conditions. Senility - (Include pregnancy within 3 months of death)	

Major findings:
Of operations no op.
Of autopsy none

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? (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Wallace Nelson (M. D. or other) M.D.
Address Campbell Mo. Date signed 3/13/42

1150 (Licensed Embalmer's Statement on Reverse Side)

MAY 13 194

RECEIVED
District Health Office No. 2
District File Number 442-481
Date Filed 4-13-42

MAY 14 19

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 Christine M. Landers

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.