

FILED AUG 19 1942

Registration District No. 496

Primary Registration District No. 3025

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution 413 W. Canal
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 17 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

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

(d) Street No. 413 W. Canal
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLAUDE MURIEL SNIDER

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1942 hour 6:30 minute 7 M.

21. I hereby certify that I attended the deceased from no. 8
1940 to July 30, 1942
that I last saw her alive on July 29, 1942
and that death occurred on the date and hour stated above.

4. Sex 7 / 1 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James E Snider

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 23 1888
(Month) (Day) (Year)

Immediate cause of death arterio nephritis

Due to Coronary Artery

Due to _____

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

8. AGE: Years 54 Months 4 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Calvin Brown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Earleen Lavans

(b) Address Brookfield

17. (a) Burial (b) Date thereof Aug 1 '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery Brookfield

18. (a) Signature of funeral director Hill Chapel

(b) Address Brookfield

19. (a) 7-31-1942 (b) W W Osman
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Dr H H Potter (M. D. or other) P.O.

Address Brookfield Mo Date signed 7-31-42

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

58
1
2

58
1
2

456

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.