

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 11 1942

Registration District No.

Primary Registration District No. 300

Registrar's No. 271

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Community Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 29 days
 (Specify whether
 In this community two year
 years, months or days)

3. (a) PRINT FULL NAME HENRY FILMORE 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 - 6. (c) Age of husband or wife if alive - years (Month) (Day) (Year)

7. Birth date of deceased Oct 2nd 1857
 (Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 20 If less than one day hr. min.

9. Birthplace 3 SHEBY CO. MO. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name PETER SNIDER
 13. Birthplace OHIO
 (City, town, or county) (State or foreign country)
 14. Maiden name FANNY METCALF
 15. Birthplace ROANOKE MO 0
 (City, town, or county) (State or foreign country)

16. (a) Informant HENRY SNIDER Jr.

(b) Address KIRKSVILLE, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-42
 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director DEERLEY

(b) Address Kirksville, Mo.

19. (a) 10/23/42 (b) Mr. J. H. Wagner
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Adair 3
 (c) City or town KIRKSVILLE 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 516 E. Washington
 (If rural, give location)
 (e) Citizen of foreign country? - (Yes or No)
 If yes, name country - 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22nd year 1942 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from Sept 22 1942 to Oct 22 1942
 that I last saw him alive on Oct 22 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure Duration

Due to uremia

Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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) (e) Means of injury

23. Signature Arthur J. Wagner (Date signed) 10/23/42
 Address Kirksville, Mo.

RECEIVED

District Health Officer No. 10

District File Number

11-42-2020

Date Filed

NOV - 9 1942

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.