

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 10 1942

Registration District No. 25

Primary Registration District No. 3010

Registrar's No. 318

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether
In this community Hopkins 6 days
years, months or days)

3. (a) PRINT FULL NAME Elsie C. 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 Married
6. (b) Name of husband or wife O. E. Snider 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased McClure (Month) (Day) (Year) 4 1897

8. AGE: Years Months Days If less than one day
45 1 4 hr. min.

9. Birthplace McClure Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Sniders Novelty Shop

11. Industry or business

12. Name George Davis
13. Birthplace Cubden Ill. (City, town, or county) (State or foreign country)

14. Maiden name Ellen Gunter

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

16. (a) Informant O. E. Snider

(b) Address Benton Missouri.

17. (a) Burial (b) Date thereof 11-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorimier Cem.

18. (a) Signature of funeral director L. R. Noman

(b) Address Cape Girardeau Missouri.

19. (a) 11-10-42 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau, Benton
(If outside city or town limits, write "RURAL")
(d) Street No. Benton, Missouri.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 8 year 1942 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from Oct 14 1942 to Nov 8 1942
that I last saw him alive on Nov 8 1942, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the
Stomach Duration 3 mos.

Due to Carcinoma of the tongue 3 1/2 yrs

Due to H7d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Excessive Cell Carcinoma
Of operations of the tongue.
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?

(Specify type of place) (c) Means of injury /
While at work _____
23. Signature George H. Phelps (M. D. or other) _____
Address Cape Girardeau Date signed 11/9/42

RECEIVED

District Health Officer No. 3

District File Number 1242-1480

Date Filed 12-9-42

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

L. L. Haman

Licensed Embalmer No. 2863

P. O. Address Cape Gir, 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.