

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41645

State File No.

Registrar's No.

Registration District No. 280

Primary Registration District No. 5964

1. PLACE OF DEATH

(a) County Platte
(b) City or town Parkville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pothio Inn 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Fred Langdon Snider

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color of face White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lydia Bell Snider 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct 1 1876 (Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Clay Center (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Charles Snider

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

14. Maiden name Betty Chambers

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

16. (a) Informant Mrs F. L. Snider

(b) Address Parkville Mo.

17. (a) Burial (b) Date thereof Apr. 8-42 (Month) (Day) (Year)

(c) Place: burial or cremation Parkville Mo

18. (a) Signature of funeral director Edward H. Francis

(b) Address Parkville Mo.

19. (a) 8-4-42 (b) Mrs. Clay Snider (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Platte
(c) City or town Parkville (Rural) (If outside city or town limits, write "RURAL")
(d) Street No. 1 mile West (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 5 year 1942 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 5 to Apr 5 1942 that I last saw him alive on Apr 4 1942 and that death occurred on the date and hour stated above.

Immediate cause of death General paresis Duration 5 years

Due to Syphilis ?

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature Frederic Wood (M. D. or other) Address Parkville Date signed 7/1/42

RECEIVED

District Health Officer No. Platte
District File Number ~~1-43-1~~ 1-43-1
Date Filed 1-6-43

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, on by

....., Registered Apprentice No.
working under my personal supervision.

Signed L. H. Francis

Licensed Embalmer No. 3457

P. O. Address Parkville 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, above space should be left blank.