

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. ....

Registration District No. 467 175

Primary Registration District No. 4280 3036

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

## 1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Cor. Porter & Springfield Sts  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Cephis M Snider

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Elliot Luster Snider 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 4 1855  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>11</u>	<u>24</u>	hr. _____ min.

9. Birthplace ? Ill.  
(City, town, or county) (State or foreign country)10. Usual occupation Retired Miner

11. Industry or business \_\_\_\_\_

12. Name Johnnie Snider  
13. Birthplace ? Pa.  
(City, town, or county) (State or foreign country)  
14. Maiden name Diana Hatfield  
15. Birthplace ? Pa.  
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Snider(b) Address Aurora Mo.17. (a) Burial (b) Date thereof 1/30/43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Aurora Mo.18. (a) Signature of funeral director J. F. King(b) Address Aurora Mo.19. (a) 1-30-43 (b) Cephis M Snider  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Aurora  
(If outside city or town limits, write "RURAL")  
(d) Street No. Cor. Porter & Springfield Sts  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 28,  
year 1943 hour 1 minute 35 p. M.21. I hereby certify that I attended the deceased from Dec 1 -  
1943 to Jan 28, 1943;  
that I last saw him alive on Jan 28, 1943;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_Due to Chronic Bronch. Reflux

Due to \_\_\_\_\_

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 W. J. Harrison (M. D. or other)Address Aurora, Mo Date signed Jan 28-43

RECEIVED

District Health Officer No. 6;

District File Number 343-400

Date Filed MAR 12 1943

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.....

*Herman M. Surridge*

Licensed Embalmer No. 3072

P. O. Address Amos 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.