

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17687

State File No.

Registrar's No.

Registration District No.

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Penitentiary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME Don 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, divorced Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased July 29th., 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 7 23 hr. min.

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

10. Usual occupation Cook

11. Industry or business

12. Name C. M. Snider

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 Prison records.

(b) Address Jefferson City, Mo.

17. (a) Removal (b) Date thereof May 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield, Mo.

18. (a) Signature of funeral director James Service

(b) Address 700 Jefferson

19. (a) 5-21-43 (b) Therma Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
year 1943 hour 11:00 minute A.M.

21. I hereby certify that I attended the deceased from April 9th., 1943 to May 21st., 1943;
that I last saw him alive on May 21st., 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death.

Surgical shock,
operation for
cholelithiasis &
asplenectomy.
Enlarged liver

Major findings:
Of operations Same

Of autopsy Same

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify). 121
(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 3

23. Signature Edw. Meisner (D. or other)

Address Jefferson City, Mo. Date signed May 21-43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

874

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.