

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18203

State File No. _____

Registrar's No. 52

Primary Registration District No. 5600

Registration District No. 1940

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

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Simpson Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12700 years, months or days

3. (a) PRINT FULL NAME Euna Ruthertford 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 N. E. Snider 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Oct 3- 1873 (Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Franklin County Mo (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name James Ruthertford
13. Birthplace near St Louis Mo (City, town, or county) (State or foreign country)
14. Maiden name Mary Walker
15. Birthplace Oak Grove (City, town, or county) (State or foreign country)

16. (a) Informant M. E. Snider
(b) Address Warrensburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-28-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Higginsville Mo.

18. (a) Signature of funeral director W. F. Williams
(b) Address Higginsville Mo.

19. (a) 5-21-43 (Date received local registrar) (b) Seals M. Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Rural Warrensburg (If outside city or town limits, write "RURAL")
(d) Street No. Simpson Township (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 26th year 1943 hour 3- minute 45P M.
21. I hereby certify that I attended the deceased from Nov-1942 to 5-26-43, 19____, to 19____; that I last saw him alive on May-43, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Jan 43

Due to _____
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 _____
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) (c) Means of injury _____
23. Signature R. F. Williams (M. D. or other) MD
Address Warrensburg Mo Date signed 5-31-43

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-4-43

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, or by _____

Forrest A. Hoefer, Registered Apprentice No. 336,
working under my personal supervision.

Signed _____

Alfred H. Hayes
Licensed Embalmer No. 539

P. O. Address Higginsville, 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.