

No. 2
1-2-43
5-17-3

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25180 ✓

State File No. _____

FILED JUL 24 1943 150

Registration District No. _____

Primary Registration District No. 5572

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Prairie Farm
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jackson Co Emergency Stop
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 1/2 days
(Specify whether years, months or days) 85 yrs

3. (a) PRINT FULL NAME David Cicero 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 1 858 years

7. Birth date of deceased Jan 7 - 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 16
If less than one day hr. _____ min. _____

9. Birthplace Lone Jack Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm T. Snider

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

14. Maiden name E. J. Freezer

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

16. (a) Informant Wm T. Snider

(b) Address Leis Summit Mo.

17. (a) Burial (b) Date thereof 6/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leis Summit Mo.

18. (a) Signature of funeral director J. M. Schuch

(b) Address Leis Summit Mo.

19. (a) June 25, 1943 (b) J. M. Schuch By J. M. Schuch
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Leis Summit
(If outside city or town limits, write "RURAL")
(d) Street No. 306 S. Market
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23
year 1943 hour 11 minute 40 a.m.

21. I hereby certify that I attended the deceased from Sept 24 1941 to 6-23 1943
that I last saw him alive on 6-21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

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? _____

While at work? (Specify type of place) _____

(e) Means of injury _____

23. Signature J. M. Schuch (M. D. or other) MD

Address Leis Summit Mo. Date signed 6/25/43

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

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

Signed

J. M. Schick

Licensed Embalmer No.

1856

P. O. Address

Reis Summit St.

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.