

FILED SEP 25 1943  
Registration District No. **1146**

Primary Registration District No. **3043**

Registrar's No. **224**

1. PLACE OF DEATH:

(a) County **Maxion**  
(b) City or town **Hannibal**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Lexington Hospital**  
(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

**Harry C. 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 **Widowed**  
6. (b) Name of husband or wife **Marie** 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **December 15, 1873**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **7** Days **27** If less than one day hr. min.

9. Birthplace **Perry** **ILL**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **John J. Snider**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Maria Herchert**  
15. Birthplace **ILL**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Nelson Brown**  
(b) Address **Illasco, Mo**

17. (a) **Burial** (b) Date thereof **Aug-13-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Griffithville, Ill**

18. (a) Signature of funeral director **James O'Connell**  
(b) Address **Hannibal, Mo**

19. (a) **8-10-43** (b) **R. W. Connor**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Ralls**  
(c) City or town **Paris**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **ILLASCO**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **11** year **1943** hour minute **7:00 PM**

21. I hereby certify that I attended the deceased from **Aug 11** 19**43** to **Aug 11** 19**43**  
that I last saw him alive on **Aug 11** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulmonary Embolism**

Due to **1340**

Other conditions (Include pregnancy within 9 months of death)

Major findings: **Nephroses**  
Of operations **Arteriosclerosis**

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) Signs of injury

23. Signature **J. P. Keck** (M. D. or other)  
Address **Paris, Mo** Date signed **8/11/43**

**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.....

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

Signed Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal, 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.**