

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43983**
Registrar's No. **101**

FILED DEC 13 1943

Registration District No. **337**

Primary Registration District No. **4499**

1. PLACE OF DEATH:

(a) County **Shelby Co.**
(b) City or town **Shelbina, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Simpson hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Three days**
(Specify whether
In this community **Entire life**
years, months or days)

3. (a) PRINT
FULL NAME

Joseph Benjamin Snider

3. (b) If veteran,

name war **X**

3. (c) Social Security

No. **X**

4. Sex **Male**

5. Color or

race **White**

6. (a) Single, widowed, married,

2 divorced. Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive **2** years

7. Birth date of deceased

June 21st 1863

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

80

4

12

hr.

min.

9. Birthplace

Shelby Co.
(City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation

Farming

11. Industry or business

Same

12. Name

Henry Snider

13. Birthplace

Not known
(City, town, or county)

(State or foreign country)

14. Maiden name

Sarah Utz

15. Birthplace

Kentucky
(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. Ed Mason

(b) Address

Shelbina, Missouri

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof **11-5-1943**

(Month) (Day) (Year)

(c) Place: burial or cremation

Kendall cemetery

18. (a) Signature of funeral director

Mellon + Barkley

(b) Address

Shelbina, Missouri

19. (a)

Dec 14 43
(Date received local Registrar)

(b) **Marge Gooch**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shelby**
(c) City or town **Shelbina, Rural**
(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 **Nov** day **3**
year **1943** hour **9** minute **0** M.

21. I hereby certify that I attended the deceased from **Sept 2**
1943 to **Nov 3** 19**43**

that I last saw him alive on **Nov 3** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular Heart** Duration

& Chronic Nephritis

Due to _____

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 sta-
tistically.

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. L. Simpson** (M. D. or other) **Dr**

Address **Shelbina, Mo.** Date signed **Nov 29 - 43**

RECEIVED
District Health Officer No. 10
District File Number 12-43-2008
Date Filed DEC 15 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.....

W. Hawkins

Licensed Embalmer No.....

3498

P. O. Address.....

Shelburne - Md.

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.