

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 24 1944

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 91.

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
926 Chestnut Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 21 years (Specify whether years, months or days)
In this community 21 years

3. (a) PRINT FULL NAME Ben Wade Snider

3. (b) If veteran, name war. 3. (c) Social Security No. 500-16-1717

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Flora A. Cox 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased October 23rd 1894
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Scott County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cement plant worker from 1924 to 1932. Painter since

11. Industry or business 1924 to 1932. Painter since

12. Name Georgette Snider

13. Birthplace Bollinger Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Henderson

15. Birthplace Oak Ridge Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Flora Snider

(b) Address Cape Girardeau, Missouri.

17. (a) Burial (b) Date thereof 3-04-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Missouri.

19. (a) 4-8-44 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 926 Chestnut Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd year 1944 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from 2/13/44 to 2/28/44, 1944; that I last saw him alive on 2/28/44, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration

Bronchitis, Anemia

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 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?

(Specify type of place) While at work? Yes (e) Means of injury 9

23. Signature H. Q. M. Thompson (M. D. or other)

Address Missouri, Cape Girardeau Date signed 3/7/44

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

RECEIVED

District Health Officer No. 4

District File Number 344-3578

Date Filed 3-23-44

APR 1 1944

VERI-3-10

MAR 24 1944

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

Howard R. Hansen

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Missouri

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.