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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1945
Registration District No. 247

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10287 State File No.
Primary Registration District No. 5840
Registrar's No. 9

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

13 0 0 0

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Pierce City, Mo. Rural VanBuren Tp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / (Specify whether years, months or days) In this community lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Newton 13 0 0 0
(c) City or town Pierce City Mo. Rural (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Clarence Cleveland Snider
3. (b) If veteran, name war No. **3. (c) Social Security No.**
4. Sex M **5. Color or race** W. **6. (a) Single, widowed, married, divorced** Married
6. (b) Name of husband or wife Ina Snider **6. (c) Age of husband or wife if alive** 58 years
7. Birth date of deceased June (Month) 26 (Day) 1884 (Year)

8. AGE: Years 60 | Months 8 | Days 26 | If less than one day ___ hr. ___ min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
MOTHER 12. Name Lucinda Pierce
13. Birthplace Ohio (City, town, or county) (State or foreign country)
FATHER 14. Maiden name /
15. Birthplace / (City, town, or county) (State or foreign country)
16. (a) Informant Ina Snider
(b) Address Pierce City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 4 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Old Neutonia Mo
18. (a) Signature of funeral director Niemeyers
(b) Address Pierce City Mo
19. (a) 3/4/45 (Date received by local registrar) (b) Tulas Norwood (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th year / hour 15 minute ___ A. M.
21. I hereby certify that I attended the deceased from Feb, 1939, to Feb. 27, 1945; that I last saw him alive on Feb. 26, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 hrs
Due to:	
Due to: Epilepsy	
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? (e) Means of injury

23. Signature Charles L. Moore (M. D. or other) MD
Address Pierce City Date signed 3-9-45

1147 Monroe Beck (Licensed Embalmer's Statement on Reverse Side)

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

....., Registered Apprentice No.....,

working under my personal supervision.

RECEIVED MAR 14 1945

District Health Officer No.

District File Number 245-34

Date Filed MAR 14 1945

Signed Victor A. Hennessey

Licensed Embalmer No. 3822

P. O. Address Boise City Okla

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, above space should be left blank.