

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 9 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15700  
Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 223 W. Market  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 13 yrs (Specify whether years, months or days)  
In this community. 13 yrs

3. (a) PRINT FULL NAME Betty E. Snider.

3. (b) If veteran, no name war no  
3. (c) Social Security no  
4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Luther G. Snider.  
6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased Feb. 2 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Johnson Co. Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation house keeper.

11. Industry or business  
12. Name William Utt.  
13. Birthplace Not Known  
(City, town, or county) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Ferguson.  
(b) Address Warrensburg. Mo.

17. (a) burial (b) Date thereof 4-6-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Hill Cem. Sweeney Phillips.

18. (a) Signature of funeral director Warrensburg, Mo.  
(b) Address

19. (a) April 6, 1945 (b) Leola M. Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson  
(c) City or town Warrensburg.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 223 W. 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 Apr. day 4  
year 1945 hour 8 P. M. minute M.

21. I hereby certify that I attended the deceased from April 1, 1945 to April 4, 1945  
that I last saw him alive on April 3, 1945  
and that death occurred on the date and hour stated above.  
Immediate cause of death occlusion  
Coronary Artery Duration 4 days

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?

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

23. Signature R. Leeper (M. D. or other)  
Address Warrensburg Mo. Date signed 3-5-45

(Licensed Embalmer's Statement on Reverse Side)

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

1001

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

*J. Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg 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.**