

FILED OCT 24 1945

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 321

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: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hrs. 10 min
(Specify whether
In this community 6 hrs 10 min
years, months or days)

3. (a) PRINT
FULL NAME

Billy Jean Snider

3. (b) If veteran,
name war none

3. (c) Social Security
No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married,
divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased October 7, 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 6 hr. 10 min.

9. Birthplace Cape Girardeau MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name James R. Snider

13. Birthplace Cape Girardeau Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Florence Hahn

15. Birthplace New Hamburg Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Bob J. Hahn

(b) Address Cape Girardeau, MO.

17. (a) Burial (b) Date thereof 10, 8, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Cape Girardeau, MO.

19. (a) 10-8-45 (b) H. H. Pheller
(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. 704 S. Sprigg St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7
year 1945 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from 10/7/45
4:20 AM to 10/7
that I last saw him alive on 10/7 10/30 AM 1945
and that death occurred on the date and hour stated above

Immediate cause of death Divin hemorrhage
Marginal placental
G. previa

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 150

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 [Signature] (M. D. or other) _____
Address Cape Girardeau, MO. Date signed 10/8/45

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

RECEIVED

District Health Officer No. 4
District File Number 1045-1226
Date Filed 10-23-45

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 _____

working under my personal supervision.

_____, Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.