No. 2
—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. No. 34942

State File No.

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 120

1. PLACE OF DEATH

(a) County Vernon

(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital Nevada Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 In this community 2 yrs. 9 months 25 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Nevada Mo 1 (If outside city or town limits, write "RURAL") 2

(d) Street No. — (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EZRA ALONZO SNIDER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Narcissa Snider

6. (c) Age of husband or wife if alive Dec'd 143 years

7. Birth date of deceased May (Month) 5 (Day) 1855 (Year)

8. AGE: Years 90 Months 5 Days 13 If less than one day hr. min.

9. Birthplace LATROBE (City, town, or county) INDIANA (State or foreign country)

10. Usual occupation METH MINISTER

11. Industry or business

MOTHER FATHER

12. Name JOHN SNIDER

13. Birthplace UNKNOWN. (City, town, or county) (State or foreign country)

14. Maiden name SARAH RUSE SNIDER

15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Stella McDONNELL

(b) Address NEVADA MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/45 (Month) (Day) (Year)

(c) Place: burial or cremation Pappsville Cem

18. (a) Signature of funeral director Boston

(b) Address Nevada Mo.

19. (a) 10-22-45 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 8 year 1945 hour 2 minute a M.

21. I hereby certify that I attended the deceased from July 10 1942 to Oct 18 1945; that I last saw him alive on Oct 17 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Chronic Cystitis	
Due to		
Due to		
Other conditions (Include pregnancy within 3 months of death)	Senility	
Major findings: Of operations		
Of autopsy		

Duration

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 J. S. Newton (M. D. or other)

Address Nevada Mo Date signed 10-30-45

1494 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 7
District File Number 10-45-1063
Date Filed 11-7-45

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 .....
....., Registered Apprentice No. .....,
working under my personal supervision.

Signed W. G. Beddingfield

Licensed Embalmer No. 2174

P. O. Address Butler 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.