

FILED JAN 8 1946

Primary Registration District No. **3005**

Registrar's No. **106**

1. PLACE OF DEATH:

(a) County **Bates**
(b) City or town **Butler Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
N Delaware Street Butler Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **William Snider**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 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 **Nov. 27 1850**
(Month) (Day) (Year)

8. AGE: Years **95** Months **0** Days **28** If less than one day hr. _____ min.

9. Birthplace **Boonville Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **retired farmer**

11. Industry or business _____

12. Name **Wm Snider**

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

14. Maiden name **Malinda Houx** (State or foreign country)

15. Birthplace **No Record** (City, town, or county) (State or foreign country)

16. (a) Informant **Margaret Snider**

(b) Address **Butler Mo.**

17. (a) **Burial** (b) Date thereof **12/26/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Boonville Mo.**

18. (a) Signature of funeral director **Culver-Underwood**

(b) Address **Butler Mo.**

19. (a) **Dec 24/45** (b) **Kendall Kersey**
(Date received local certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Bates**
(c) City or town **Butler Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **N Delaware**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **23**
year **1945** hour **11** minute **A** M.

21. I hereby certify that I attended the deceased from **Nov 10** to **Dec 23** and that I last saw him alive on **Dec 23** and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho Pneumonia**
Due to **Emphysema**

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 **H. D. L. Hume** (M. D. or other) _____

Address **Butler, Mo.** Date signed **12-27-45**

MOTHER FATHER

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

John G. Lindsey

Licensed Embalmer No. *3585*

P. O. Address. *Butler, Wis.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.