

FILED JAN 14 1946
Registration District No. **74**

Primary Registration District No. **5295**

Registrar's No. **38-56**

1. PLACE OF DEATH:

(a) County **Clinton**
(b) City or town **Longford, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **5 month** (Specify whether years, months or days)
In this community **5 month**

3. (a) PRINT FULL NAME **MRS. EMMA LOUISE SNIDER**

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

4. Sex **F** 5. Color or race **W** 6. (a) ~~Single, widowed, married~~ **WIDOWED**
7. (b) Name of husband **William Snider** 6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **June 1 1868**
(Month) (Day) (Year)

8. AGE: Years **77** Months **6** Days **13** If less than one day hr. min.

9. Birthplace **Monroe, Wisconsin**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Elvick Gerber**
13. Birthplace **Born Switzerland**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Yost**
15. Birthplace **Cleveland Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. M. Snider**
(b) Address **Plattsburg**

17. (a) **Burial** (b) Date thereof **Dec 16 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Labersville Mo**

18. (a) Signature of funeral director **W. A. Martin**
(b) Address **Plattsburg**

19. (a) **12-15-45** (b) **Mrs A C Hartzel**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clinton**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **7**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **14**
year **1945** hour **12** minute **45 P** M.

21. I hereby certify that I attended the deceased from **None** to **Sept 10** 19**45**
that I last saw her alive on **Sept 10** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **5 min.**
Due to **Hypertension** **3 yrs**
Due to

Other conditions **Cerebral Hemorrhage** **3 yrs**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None** **PHYSICIAN**
Of autopsy **None** **9/10**
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 **W. A. Martin** (M. D. or other)
Address **Plattsburg Mo** Date **Dec 15 45**

RECEIVED

District Health Officer No. 11,

District File Number _____

Date Filed _____

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 _____

Licensed Embalmer No. 4303

P. O. Address Plattsburg

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.