

S. No. 2
M-8-43
5-17-39
X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
16153

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17272

FILED JUN 13 1946

State File No.

Registration District No. 184

Primary Registration District No. 3038

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFarneys
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 hrs
(Specify whether
In this community.
years, months or days)

3. (a) PRINT FULL NAME Dora Jean Snider
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 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 May 19 1946
(Month) (Day) (Year)

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

9. Birthplace Marceline Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Victor Snider
13. Birthplace Marceline Mo
(City, town, or county) (State or foreign country)
14. Maiden name Addie Cernelli
15. Birthplace Sandora Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Victor Snider
(b) Address Marceline Mo
17. (a) Burial (b) Date thereof May 20 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director James McLaughlin
(b) Address Marceline Mo
19. (a) 5/20/46 (b) Evelyn Kell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1946 hour 7 minute A M.
21. I hereby certify that I attended the deceased from May 19 1946 to May 19 1946
that I last saw him alive on May 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
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)
(c) Means of injury

23. Signature Louise T. Aiken (M.D. or other) 2 Do.
Address Marceline Mo Date signed 5/20/46

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.