

No. 2
2-45
17-39
X47070

FILED DEC 16 1946

Registration District No. **343**

Primary Registration District No. **6154**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Stoddard**
(b) City or town **East of Buffington, (Buchland)**
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **ROBERT E. LEE SNIDER**

3. (b) If veteran, name war **World War II** 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Geralline Snider** 6. (c) Age of husband or wife if alive **29** years

7. Birth date of deceased: **Sept 2 1916**
(Month) (Day) (Year)

8. AGE: Years **30** Months **2** Days **19** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **W. E. Snider**

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

14. Maiden name **Vernoy Green**

15. Birthplace **Mo. (Clamborough, Ill.)**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. E. Snider**
(b) Address **Cosey, Mo. box 15**

17. (a) **Burial** (b) Date thereof **Nov 24-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bloomfield, Mo.**

18. (a) Signature of funeral director **Chiles Aid. Co.**
(b) Address **Bloomfield, Mo.**

19. (a) _____ (b) **Kate Honey**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **21**
year **1946** hour **5:30** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **unavoidable accident due to three car collision, verdict of coroner's jury.**
Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations **170, 2.**
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) **accident**
(b) Date of occurrence **Nov. 21 1946**
(c) Where did injury occur? **near Buffington, Stoddard, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, farm, or industrial place, in public place?
Public place - Highway
While at work? **no.** (Specify type of place) (e) Means of injury **Car struck**

23. Signature **Dexter** (Date received local registrar) _____
Address _____ Date signed **Nov. 22 1946**

356

1946

JAN 3 1947

DEC 30 1946

RECEIVED

District Health Office No. 2

District File Number 1246-142

Date Filed 12-9-46

DEC 16 1950

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.....

Juan C. Lopez

Licensed Embalmer No. 4119

P. O. Address.....

Bloomfield, 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.