S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12102

State File No.

Registration District No. 335 Primary Registration District No. 4492 Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Oran
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Alkof life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 100
(c) City or town Oran 4
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles Edward Snider
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaretta Lloyd Snider
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Dec (Month) 27 (Day) 1868 (Year)

8. AGE: Years 78 Months 2 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace Oran (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business

MOTHER
12. Name Don't Know
13. Birthplace Don't Know (City, town, or county) (State or foreign country) 9

FATHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country) 9

16. (a) Informant Fred Oliver
(b) Address St Louis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 3. 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Friend Oran Mo
18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Chaffee, Mo
19. (a) 3/29/47 (Date received by registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1
year 1947 hour 2 minute 30a M.
21. I hereby certify that I attended the deceased from 2/23 1947 to 3/1 1947
that I last saw [illegible] alive on 2/28 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5da.
Due to: Vascular Hypertension	?
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other)
Address Oran Mo Date signed 3/2/47

.30 (Licensed Embalmer's Statement on Reverse Side) 3/2/47 JH

RECEIVED
District Health Office No. 2
District File Number 342-458
Date Filed 3-28-47

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 Maurice Bengtson Huff

Licensed Embalmer No. 3262

P. O. Address Rutherfordton N.C.

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.