

12-45  
5-17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13184  
Registrar's No. 348

FILED MAY 5 1947  
128  
Registration District No. \_\_\_\_\_

Primary Registration District No. 2000

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Springfield Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Weeks  
In this community 25 Years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 713 N. Main Ave.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LULA JANE SNIDER  
3. (b) If veteran, name war None  
3. (c) Social Security No. unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 13th  
year 1947 hour 10:50 A.M. minute \_\_\_\_\_ M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife B.F. Snider  
6. (c) Age of husband or wife if alive deceased  
7. Birth date of deceased November 3, 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/24 to 4-13, 1947  
that I last saw her alive on 4-13, 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Decompensating heart  
Chronic myocarditis  
Duration 7/19 days

8. AGE: Years Months Days If less than one day  
78 5 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
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.

9. Birthplace Greene County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation none

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name John W. Allmon  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Goss  
15. Birthplace Greene County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant M.M. Snider  
(b) Address P.F.D. # 9, Springfield, Mo.

17. (a) burial (b) Date thereof April 15, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director Fred C. Thieme  
(b) Address Springfield, Mo.

19. (a) 4-16-47 (b) W. E. Handley MD  
(Date received local registrar) (Registrar's signature)

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 Q. E. Feller (M. D. or other) \_\_\_\_\_  
Address Springfield Mo Date signed 4/16/47

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

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**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 Ralph H. Thiemer  
Licensed Embalmer No. 3681  
P. O. Address Springfield, 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.**