

No. 2
OM-5-43
v. 5-17-39
1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20538**
Registrar's No. **58**

FILED JUL 7 1947
Registration District No. **126**

Primary Registration District No. **4194**

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

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Albany
(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 _____ (Specify whether)
In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME William Alexander Snider
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
(a) Single, widowed, married, divorced Married
(b) Name of husband or wife Lillian Bohl (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March 10 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>2</u>	<u>28</u>	hr. min.

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

10. Usual occupation retired farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. A. Snider
13. Birthplace Gentry, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Albana Hise
15. Birthplace Bucyrus Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. A. Snider
(b) Address Albany, Missouri
17. (a) Burial (b) Date thereof 6-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cosmopolis

18. (a) Signature of funeral director Charles D. Williams
(b) Address Albany, Missouri

19. June 24 1947 (Date received local registrar) Horner H. Webster (Registrar's signature) 126

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Gentry 38
(c) City or town Albany 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 7
year 1947 hour 5 minute 50A.M.
21. I hereby certify that I attended the deceased from May 1 1947 to June 7 1947
that I last saw him alive on June 7 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver 2 months
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 46 F
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) Means of injury 2
Signature Charles D. Williams (M.D. or other) SO
Address Gentry Mo Date signed 6-7-47

1481 97 706

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Alfred Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.