

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21920

State File No. _____

Registration District No. **290**

Primary Registration District No. **5987**

Registrar's No. **70**

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Morgan Heights, Union**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **John E. Snider**

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex **Male** 1
5. Color or race **White**
6. (a) Single, widowed, married,
divorced **Widowed**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if
alive **X** years
7. Birth date of deceased **2 1 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 4 7 hr. min.

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

10. Usual occupation **Retired Carpenter**

11. Industry or business _____

12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. W. V. Snider**

(b) Address **Dixon, Missouri**

17. (a) **Burial** (b) Date thereof **6/12/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holden Cemetery**

18. (a) Signature of funeral director **Fred H. Gilbert**

(b) Address **Dixon, Missouri**

19. (a) **6/20/47** (b) **Thelma C. Buckthorne**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **8**
year **1947** hour **7** minute **A.** M.

21. I hereby certify that I attended the deceased from **4-25-**
1947 to **June 4**, 19**47**
that I last saw him alive on **June 4**, 19**47**
and that death occurred on the date and hour stated above.
Immediate cause of death **Arteriosclerosis** Duration **?-yr**

Due to _____
Due to _____

Other conditions **none**
(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?

While at work _____ (Specify type of place)
Means of injury **1**

23. Signature **E. J. Hughes** (M. D. or other) **1**
Address **Dixon, Mo** Date signed **19 June 47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

June - 8 - 1947

....., Registered Apprentice No.

Signed.....

Fred. H. Gillers

Licensed Embalmer No. **2341**

P. O. Address..... **Dixon, Missouri**

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.