

Registration District No. 337

Primary Registration District No. 4499

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Thurman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Months
In this community 50 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Phillip Snider

3. (b) If veteran, name war _____ 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 Willa C Snider 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased May 24th 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 2 21 hr. min.

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

10. Usual occupation Retired

11. Industry or business Wool & Fur Grader

12. Name John Henry Snider

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

14. Maiden name Sarah Utz

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Willa C Snider

(b) Address Shelbina Mo.

17. (a) Burial (b) Date thereof 8/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kendall Cemetery

18. (a) Signature of funeral director Million & Barkeler

(b) Address Shelbina Mo.

19. (a) 9-5-47 (b) Ruth Janner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby / 02
(c) City or town Shelbina
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th
year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2 PM to 1947 AUG 15 1947
that I last saw him alive on AUG 15 and that death occurred on the date and hour stated above.
Immediate cause of death CORONARY THROMBOSIS Duration _____

Due to _____

Due to _____

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

Major findings: _____
Of operations: _____

Of autopsy: _____

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) (a) Means of injury _____

23. Signature W. J. Janner (M. D. or other) _____

Address Shelbina Mo Date signed 8-22

RECEIVED
District Health Officer No. 10
District File Number 947-1113
Date Filed SEP - 8 1947

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.....

James D Davis

Registered Apprentice No. 443

working under my personal supervision.

Signed.....

Henry G. Berkeley

Licensed Embalmer No.

3835

P. O. Address.....

Shelburne Vt.

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.