

FILED OCT 6 1947

Registration District No. **311**

Primary Registration District No. **4456**

Registrar's No. **25**

1. PLACE OF DEATH

(a) County **St. Clair**  
(b) City or town **Appleton City**  
(c) Name of hospital or institution **Ellis Hospital**  
(d) Length of stay: In hospital or institution **0**  
In this community **0** years, months or days

3. (a) PRINT FULL NAME

**Smider, Lany Lee**  
3. (b) If veteran, ☒ name war **Smider, Lany Lee**  
3. (c) Social Security No. **1**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **0**  
6. (b) Name of husband or wife **0** 6. (c) Age of husband or wife if alive **0** years  
7. Birth date of deceased **Sept 22 1947**  
(Month) (Day) (Year)

8. AGE: Years **1** Months **1** Days **1** If less than one day **10** hr. **0** min.

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

10. Usual occupation **0**

11. Industry or business **0**

12. Name **Charley Snyder**  
13. Birthplace **mo**  
14. Maiden name **Jessie Jim Bates**  
15. Birthplace **mo**

16. (a) Informant **Charley Snyder**  
(b) Address **Appleton City Mo**  
17. (a) **Burial** (b) Date thereof **Sept 23 47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Appleton City Mo**

18. (a) Signature of funeral director **Frank Lee**  
(b) Address **Appleton City Mo**  
19. (a) **Sept 23 47** (b) **Chas. Libney**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Clair**  
(c) City or town **0**  
(d) Street No. **0**  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **22**  
year **1947** hour **6** minute **20** P. M.  
21. I hereby certify that I attended the deceased from **8:30 AM**  
**22 September 1947**, to **6:20 PM 22 Sept 1947**  
that I last saw him alive on **22 September 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Atelectasis**

Due to **0**  
Due to **0**

Other conditions (Include pregnancy within 3 months of death) **161X**

Major findings: Of operations **0**  
Of autopsy **0**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **0**  
(b) Date of occurrence **0**  
(c) Where did injury occur? (City or town) (County) (State) **0**  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **CD Mourse** (M. D. or other) **0**  
Address **Appleton City, Mo** Date signed **22 Sept 1947**

RECEIVED  
DISTRICT CLERK NO. 14  
DISTRICT NO. 9-47-1158  
DISTRICT NO. 10-2-47  
Date Filed

### 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 not.....

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

Signed Frank Lee.....

Licensed Embalmer No. 1099.....

P. O. Address Apportion City me.....

**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.**