

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37790

State File No.

Registrar's No.

FILED DEC 12 1947
Registration District No. 122

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 1355 E. Thoman 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 45 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

George H. Snider

3. (b) If veteran,

name war W.W. 1

3. (c) Social Security No.

702 07 6535

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased February 23 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 8 23 hr. min.

9. Birthplace High Point N.C.
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist Frisco R.R.

11. Industry or business.

MOTHER FATHER
12. Name James P. Snider
13. Birthplace Unknown N.C.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Mendhall
15. Birthplace N.C.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Snider
(b) Address 1355 E. Thoman

17. (a) Burial (b) Date thereof 11-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director J.W. Klingner Co.

(b) Address Springfield Mo.

19. (a) 11-18-47 (b) W.S. Gaudy MD
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1355 E. Thoman
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) N
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1947 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 1947 to 15 November 1947
that I last saw him alive on 15 November 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Edema of lungs Duration

secondary to chronic myocarditis

Due to

Other conditions Diabetes mellitis
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 61

PHYSICIAN

Underline the cause of 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)
(e) Means of injury
23. Signature Harry E. Knott MD (M.D. or other)
Address 1630 N. Jefferson Date signed 17 Nov '47
Springfield Mo.

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

DEC 17 1947

DEC 12 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 _____

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

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.