

FILED NOV 25 1947
Registration District No. **352**

Primary Registration District No. **1193**

Registrar's No. **20**

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

1. PLACE OF DEATH:

(a) County **Taney**

(b) City or town **Rural - Bronson**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Taney**

(c) City or town **Rural**
(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.....

3. (a) PRINT FULL NAME **LINDA RUTH SNIDER**

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **31**
year **1947** hour **6:15** minute **P.** M.

4. Sex **F** 5. Color or race.....

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **July - 20 - 1947**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 29**, 19**47**, to **Oct 31**, 19**47**
that I last saw **her** alive on **Oct 31**, 19**47**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 3 11 hr. min.

Immediate cause of death
Bronchial pneumonia 2 days

Due to **Just knew**

9. Birthplace **Silvana Springs Ark.**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
109

MOTHER FATHER

10. Usual occupation **Infant**

11. Industry or business.....

12. Name **Leo H. Snider**

13. Birthplace **Foyt Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **James G. Hutchens**

15. Birthplace **Big Springs Texas**
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant **Leo H. Snider**

(b) Address **Bronson, Mo.**

17. (a) **Burial** (b) Date thereof **11-3-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bronson Mo**

18. (a) Signature of funeral director **H. O. Whelsh**

(b) Address **Bronson Mo**

19. (a) **11-3-47** (b) **E. Logwell**
(Date received local registrar) (Registrar's signature)

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?.....
(Specify type of place)

While at work?..... (e) Means of injury **1**

23. Signature **Harry T. Evans** (M. D. or other) **MD**

Address **Bronson, Mo** Date signed **11/1/47**

RECEIVED

District Health Officer No. 6,

District File Number 1147-1222

Date Filed 11-24-47

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 Minnie L. Whitehead

Licensed Embalmer No. 2227

P. O. Address Branford, 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.