No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 15 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

4062
State File No.
Registrar's No. 300

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2822 Angelique (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Arvella Snider
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John W. Snider
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased May (Month) 7 (Day) 1892 (Year)
8. AGE: Years 55 Months 10 Days 0 If less than one day ... hr. ... min.
9. Birthplace Villisca (City, town, or county) Iowa (State or foreign country)
10. Usual occupation At home
11. Industry or business At home
MOTHER
12. Name Adolphus G. Goudie
13. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)
FATHER
14. Maiden name Alice M.
15. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Dr. Vern W. Snider
(b) Address St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 3-11-48 (Date received local registrar) (b) E. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1948 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from February 2, 1948 to March 7, 1948; that I last saw her alive on March 7, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cardiac dilitation	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations — 95C	
Of autopsy —	

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? — (Specify type of place) 2
While at work? (e) Means of injury
23. Signature Dr. Vern W. Snider (M.D. or other) D.O.
Address 823 Faraon St. Date signed 3-8-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo

MAR 24 1948

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3150 18th St. St. Joseph, Mo

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.