

FILED MAR 19 1948

State File No. _____

Registration District No. 247

Primary Registration District No. 3059

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
South College Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 72 Years
years, months or days)

3. (a) PRINT FULL NAME Charles Ernest Snider

3. (b) If veteran, name war -
3. (c) Social Security No. 495-242924

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lucy Robb
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 20, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 21 hr. min.

9. Birthplace Ray County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John N. Snider

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

14. Maiden name Emily Steel

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

16. (a) Informant Thomas R. Snider

(b) Address Millville, Mo.

17. (a) Burial (b) Date thereof 3/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunnyslope Cemetery

18. (a) Signature of funeral director Quest-Lile F. Home

(b) Address Richmond, Mo.

19. (a) March 13 1948 malcol jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
year 1948 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from
Mar 11, 1948 to Mar 11, 1948
that I last saw him alive on Mar 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Arterial Sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)
94A

Major findings: Of operations _____

Of autopsy _____

Underline the cause to 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)
(2) Means of injury As. D.O. 2

23. Signature D. E. Q. Keran (M. D. or other)
Address Richmond, Mo. Date Mar 12, 48

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-18-48

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. 4066

P. O. Address Richmond, Va

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.