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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 22 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19244
Primary Registration District No. 5466
Registrar's No. 437

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

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Rural, S. Campbell Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Campbell St. road (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): In this community: None

2. USUAL RESIDENCE OF DECEASED:
(a) State: Oklahoma (b) County: Tulsa
(c) City or town: Tulda (If outside city or town limits, write "RURAL")
(d) Street No.: 3507 East 7th (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Bert Hamil Snider
3. (b) If veteran, name war: Unknown
3. (c) Social Security No.: 442-05-3353
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mae L. Snider
6. (c) Age of husband or wife if alive: ? years
7. Birth date of deceased: Feb. (Month) 16 (Day) 1893 (Year)

8. AGE: Years 55 | Months 3 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace: Unknown (City, town, or county) (State or foreign country)
10. Usual occupation: Real Estate
11. Industry or business:
MOTHER, FATHER
12. Name: Wilson Snider
13. Birthplace: Homer (City, town, or county) Ill. (State or foreign country)
14. Maiden name: Alice Cusic
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Mae Snider
(b) Address: Tulsa, Oklahoma
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Rose Hill, Tulsa, Okla.
18. (a) Signature of funeral director: Alma Lohmeyer
(b) Address: Springfield, Missouri
19. (a) 5/25/48 (Date received local registrar) (b) W. E. Handley, M.D. (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May 24 day 24 year 1948 hour 10:30 minute P M.
21. I hereby certify that I attended the deceased from Viewed body, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Suicide with	
Due to: firearms	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 1 4	
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): Suicide
(b) Date of occurrence: May 24, 1948
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo. (State)
(d) Did injury occur in ~~a~~ about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)
While at work? No (e) Means of injury: Gunshot
23. Signature: Clyde B. Abbott M.D. (M. D. or other)
Address: 2 9/2 E. Independent Springfield, Mo. Date signed: 5/25/48
Coroner Greene Co.

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Julian R. Goodman Registered Apprentice No. 473, working under my personal supervision.

Signed Jewell E. Wendle

Licensed Embalmer No. 2831

P. O. Address Springfield 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.