

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20112  
Registrar's No. 346

Registration District No. 200

Primary Registration District No. 3041

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Macon Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 919 N. Rollins 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME

Hiram Joseph Snider

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

3. (c) Social Security No. 488-18-5024

4. Sex M

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Sept 24 1915

8. AGE

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>32</u> | <u>8</u> | <u>17</u> | hr. _____ min. _____ |

9. Birthplace Prairie Hill, Mo.

(City, town or county) (State or foreign country)

10. Usual occupation Real estate & Insurance

11. Industry or business \_\_\_\_\_

12. Name Hiram D. Snider

(City, town or county) (State or foreign country)

13. Birthplace Tenn.

(City, town or county) (State or foreign country)

14. Maiden name Lorraine Ruth Hall

(City, town or county) (State or foreign country)

15. Birthplace Tenn.

(City, town or county) (State or foreign country)

16. (a) Informant Mr. Wilson Barrow

(b) Address Macon, Mo.

17. (a) Barrow

(b) Date thereof 6-13-48

(c) Place: burial or cremation Cedarwood Cem Macon

(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Stephens & Gooding

(b) Address Macon, Mo.

19. (a) 7/6/48

(b) Paul McNeely

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon  
(c) City or town Macon Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 919 N. Rollins  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from \_\_\_\_\_

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Shot gun wound thru heart. Discharge entering sternum about 5th rib, on a slight downward direction.

Immediate death

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

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): Probably suicide  
(b) Date of occurrence June 11th, 1948  
(c) Where did injury occur? at Residence, Macon, Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In room of home  
While at work? No (Specify type of place) (e) Means of injury Shotgun wound

23. Signature Dr. Edwards Address Bevier, Mo. Date signed 5-12-48

RECEIVED

District Health Officer No.

District File Number 7-48-1

Date Filed JUN 13 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

*C. L. Stephens*

Licensed Embalmer No. 3057

P. O. Address Macon, 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.**