

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22875

FILED AUG 2 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 616

1. PLACE OF DEATH:

(a) County **Greene**
 (b) City or town **Springfield**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Burge Hospital**
 (If not in hospital or institution, write street and number and location)
 (d) Length of stay: In hospital or institution **8 Hours**
 (Specify whether
 In this community **Lifetime**
 years, months or days)

3. (a) PRINT FULL NAME **Dennis Dearld Snider**

3. (b) If veteran, name war **WW-2**
 3. (c) Social Security No. **?**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Claudine Snider**
 6. (c) Age of husband or wife if alive **?** years
 7. Birth date of deceased **December 16 1923**
 (Month) (Day) (Year)

8. AGE: Years **24** Months **7** Days **8**
 If less than one day **hr. min.**

9. Birthplace **Springfield Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Used Car Business**11. Industry or business **Dealer in used cars**

12. Name **Ennis Snider**
 13. Birthplace **Buffalo, Mo.**
 (City, town, or county) (State or foreign country)

14. Maiden name **Audrey Montgomery**
 15. Birthplace **Buffalo, Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Desmond Snider**
 (b) Address **2412 N. Broadway**

17. (a) **Burial** (b) Date thereof **7-26-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **GreenLawn**

18. (a) Signature of funeral director **J.W. Klingner & Co.**
 (b) Address **Springfield, Missouri**

19. (a) **7-27-48** (b) **W. J. Huddy md.**
 (Date received local registrar) (Registrar's signature)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
 (c) City or town **Springfield**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **907 Della Street**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24**
 year **1948** hour **3** minute **40** A.M.

21. I hereby certify that I attended the deceased from **7-23 48** to **7-24 48**
 that I last saw him alive on **7-24 48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Skull Fracture** Duration **6 hrs.**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) **Accident 133**

(b) Date of occurrence **7-23-48**

(c) Where did injury occur **Springfield Greene Mo.**
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public Place**

While in car? **Yes** (Specify type of place) **Car Wreck**

(e) Means of injury

23. Signature **W. J. Huddy md.** (M.D. or other)

Address **Springfield** Date signed **7-24-48**

Call with at a No. 700

MOTHER FATHER

AUG 5 1948

NOV 3 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.....

Licensed Embalmer No.....

P. O. Address.....

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.