

FILED JUL 27 1948

Registration District No. **191**

Primary Registration District No. **4304**

Registrar's No. **3**

1. PLACE OF DEATH:
(a) County **Livingston**
(b) City or town **Ludlow**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **40yrs.** (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Livingston** **59**
(c) City or town **Ludlow, Mo** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Joseph Snider**
3. (b) If veteran, name war **--** 3. (c) Social Security No. **--**

4. Sex **male 0** 5. Color **white** 6. (a) Single, widowed, married, divorced **2**
6. (b) Name of husband or wife **Clara Snider** 6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **May 20, 1860**
(Month) (Day) (Year)

8. AGE: Years **88** Months **1** Days **17**
If less than one day _____ min.

9. Birthplace **Petersburg, Md. 11**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **Daniel Snider**
13. Birthplace **unkbown 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Smith**
15. Birthplace **unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Phillip E. Snider**
(b) Address **Broomfield, Colo.**

17. (a) **Burial** (b) Date thereof **7-8-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Monroe Center Cem**

18. (a) Signature of funeral director **Dennard Mead**
(b) Address **Brayner, Mo**

19. (a) **7-7-48** (b) **Lester L. Cuning**
(Date received local registrar) (Registrar's signature) **1948**

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **July** day **7** 19**48**
year hour **2** minute **30p** M.

21. I hereby certify that I attended the deceased from **July 7**, 19**48**, to **July 9**, 19**48**, that I last saw him alive on **July 8**, 19**48**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure**
Muscular Atrophy

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **156 B**
Of operations _____
Of autopsy _____

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) _____

(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) (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) **7-7-48**
Address **Ludlow, Mo** Date signed **7-7-48**

DISTRICT HEALTH OFFICE
Cameras, Mo.

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.....

Wayne H. Halleman, Registered Apprentice No. *77*
working under my personal supervision.

Signed.....

Bernard F. Mead

Licensed Embalmer No. *2801*

P. O. Address *Braymer, 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.