

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED DEC 16 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39245  
State File No. \_\_\_\_\_  
Registrar's No. 355

Registration District No. 1

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 210 E. Missouri /  
(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 Life years, months or days)

3. (a) PRINT FULL NAME

Lizzie Snider

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

3. (c) Social Security No. None

4. Sex F /

5. Color or race W

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

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

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

7. Birth date of deceased Nov. 12 1884  
(Month) (Day) (Year)

8. AGE:

Years 64

Months 0

Days 25

If less than one day

hr. \_\_\_\_\_ min.

9. Birthplace

Adair Co.

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Home

11. Industry or business

12. Name John A. Diehl

13. Birthplace

Germany

(City, town, or county)

(State or foreign country)

14. Maiden name Elizabeth Heyd

15. Birthplace

Germany

(City, town, or county)

(State or foreign country)

16. (a) Informant John Diehl

(b) Address Kirksville, Missouri

17. (a) Burial

(b) Date thereof 12/9/48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Lancaster, Mo.

18. (a) Signature of funeral director Dee Riley Funeral Home

(b) Address Kirksville, Missouri

19. (a) 12-8-48

(b) Rate Lambert

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair /  
(c) City or town Kirksville 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 210 E. Missouri 3  
(If rural, give location)  
(e) Citizen of foreign country? No 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7  
year 1948 hour 8<sup>45</sup> minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Dec 6  
\_\_\_\_\_, 1948, to Dec 7, 1948;  
that I last saw him alive on Dec 6, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_

Due to Coronary Thrombosis

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

Other conditions (Include pregnancy within 3 months of death)

Major findings:

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature C. A. Adams (M. D. or other) D.O.

Address 115 1/2 N. Franklin Date signed Dec 9 1948

RECEIVED

District Health Officer No. 10

District File Number 12-48-2149

Date Filed DEC 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

Roy H. Mercer, Jr.

Licensed Embalmer No. 4432

P. O. Address

Kirkville, 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.