

0220

FILED JUN 18 1952

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5259 Registrar's No. _____

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
COUNTY Christian Brainerd, Mo.	Mo. STATE COUNTY Christian

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Bruner Township 12 Yrs. c. LENGTH OF STAY (in this place)

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Rural, Bruner Township

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Christian

d. STREET ADDRESS (If rural, give location)
Christian

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) J.	c. (Last) Snider	4. DATE OF DEATH (Month) (Day) (Year) June 3, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 1, 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 1 YEAR Hours Mins
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Tennessee /	U.S.A.

13a. FATHER'S NAME Riley Snider	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Emma Snider
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
no		Adrain Shipman, Sparta, Missouri

18. CAUSE OF DEATH
Enter only one cause per
line for (a), (b), and (c)

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

INTERVAL BETWEEN
ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?

21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
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21d. TIME OF INJURY	(Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
					WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from Jan. 1-, 1952, to June 3, 1952, that I last saw the deceased alive on June 3, 1952 and that death occurred at 2:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE *[Signature]* (Degree or Title) 23b. ADDRESS *[Address]* 23c. DATE SIGNED *[Date]*

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	June 5 1953	Bruner Cemetery	Christian, Missouri	

DATE REC'D BY LOCAL REG. JAN 11 1963	REGISTRAR'S SIGNATURE J. B. Chaffin 454	25. FUNERAL DIRECTOR'S SIGNATURE J. B. Chaffin	ADDRESS Dartmouth
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

T. B. Chaffin

Licensed Embalmer No. *2192*

P. O. Address _____

Ozark 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.