

o. 2  
13-49  
17-39  
X23159

Registration District No. 411

Primary Registration District No. 2 002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
803 Monroe  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 25 years (Specify whether  
years, months or days) 2

3. (a) PRINT FULL NAME George Silas Snider

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 500-5-19

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased May 28 1885  
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Galena Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Hoisting Engineer

11. Industry or business mining

12. Name Silas Snider

13. Birthplace Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Mahueda Crane

15. Birthplace Hickory County MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Minnie Carnce

(b) Address Joplin mo

17. (a) Central (b) Date thereof 11-18-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Galena Kansas - 372

18. (a) Signature of funeral director Shambill-Billon (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

(b) Address Joplin mo  
19. (a) 11-18-40 (b) W. J. Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 803 Monroe (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16  
year 1940 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from Nov 17 40 to Nov 16 40, 1940  
that I last saw him alive on Nov 17 40  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis 7 yrs

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

Due to 11/17

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

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

Duration  
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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature W. J. Jones (M. D. \_\_\_\_\_)  
Address Joplin mo Date signed 11-18-40

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

DEC 10 1940

MOTHER FATHER

40-12-606

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**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.....

*Cecilia Bonhill*

Licensed Embalmer No.....

*3590-*

P. O. Address.....

*John 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.**