. S. No. 2
—11-10-39
v. 5-17-39
I X2149

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22510

FILED JUN 13 1942

Registration District No. 878 — Primary Registration District No. 6157 — Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town ~~union~~ Rural Montevallo township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Milo, Mo R#1 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Mo (b) County Vernon 0

(c) City or town Rural 0
(If outside city or town limits write "RURAL")

(d) Street No. Montevallo township
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CARRIE CHARLOTTA-SNIDER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife L. A. Snider

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

7. Birth date of deceased May (Month) 31 (Day) 1862 (Year)

8. AGE: Years 80 Months 0 Days 28 If less than one day ___ hr. ___ min.

9. Birthplace unknown (City, town, or county) Pennsylvania 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business " "

FATHER
12. Name G. W. Wallace
13. Birthplace unknown (City, town, or county) Penn. 1 (State or foreign country)

MOTHER
14. Maiden name ~~Mildial Snider~~ unknown
15. Birthplace unknown (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant Mildial Snider
(b) Address Milo Mo R#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Montevallo Cemetery

18. (a) Signature of funeral director G B Berry & Sons
(b) Address Sheldon

19. (a) July 2 1942 (Date received local registrar) (b) Glessner Ludwig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from On June 28, 1942 to _____, 19__;
that I last saw h_____ alive on _____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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)
While at work? _____ (e) Means of injury _____

23. Signature R W Pearce (M. D. or other) MD
Address Nevada Mo Date signed 6/29/42

1226 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED [illegible]
District Health Officer No. 7
District File Number 7-42-251
Date Filed 7-10-42

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 Carroll T. Berry

Licensed Embalmer No. 2385

P. O. Address Sheldon 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, above space should be left blank.