

S. No. 2  
M-5-43  
5-17-39  
X33677

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 27 1946**  
Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 3007

15889

State File No. \_\_\_\_\_

Registrar's No. 162

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Brandon Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Dunklin 35  
(c) City or town Malden 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. S. Edwards Street 1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ona Belt Snider  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 497-01-9581

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 10  
year 1946 hour \_\_\_\_\_ minute 30 A. M.  
21. I hereby certify that I attended the deceased from  
May - 9<sup>th</sup> 1946 to May - 10<sup>th</sup> 1946  
that I last saw her alive on May - 10<sup>th</sup> 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife L. H. Snider  
6. (c) Age of husband or wife if alive 41 years  
7. Birth date of deceased: October - 5 - 1907  
(Month) (Day) (Year)

Immediate cause of death: Acute Cardiac failure Duration 58-46  
Due to Cardiac hypertrophy  
Due to chronic myocarditis  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
38 7 5 hr. \_\_\_\_\_ min.  
9. Birthplace: \_\_\_\_\_ Kentucky  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housework

Major findings: Of operations \_\_\_\_\_  
Of autopsy 93d  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name A. T. Belt  
13. Birthplace \_\_\_\_\_ Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace \_\_\_\_\_ Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant L. H. Snider  
(b) Address S. Edwards St., Malden, Mo  
17. (a) Burial (b) Date thereof 5 - 12 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Malden "New" Cemetery  
18. (a) Signature of funeral director James Funeral Home  
(b) Address Camphill, Missouri  
19. (a) 5/14/46 (b) R. H. Mueller  
(Date received local registrar) (Registrar's signature)

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) Means of injury \_\_\_\_\_  
Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff, Mo Date signed 5-12-46

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

RECEIVED  
District Health Office No. 2,  
District File Number 246-636  
Date Filed 5-21-45

---

---

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 Christina M. Landess  
Licensed Embalmer No. 4227  
P. O. Address Campbell, Md

**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.**