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FILED JAN 7 1947

Primary Registration District No. 2050

Registrar's No. 116

1. PLACE OF DEATH:

(a) County *Jennett*
(b) City or town *Caruthersville, Mo.*
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) *1*
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) *3 1/2 years*

3. (a) PRINT FULL NAME *Elizabeth Snider*
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *Female* 5. Color or race *W*
6. (a) Single, widowed, married, divorced *Married*
6. (b) Name of husband or wife *Charles E. Snider* 6. (c) Age of husband or wife if alive *55 years*
7. Birth date of deceased *Nov. 10 1898*
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 1 8 hr. min.

9. Birthplace *Holland, Mo.* (City, town, or county) (State or foreign country)

10. Usual occupation *House wife*

11. Industry or business
12. Name *David Shelton*
13. Birthplace *unknown* (City, town, or county) (State or foreign country)
14. Maiden name *unknown*
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant *Charles E. Snider*
(b) Address *201 W 14th St. Caruthersville*

17. (a) *Burial* (b) Date of *12-30-46*
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation *Stand Full Amby*

18. (a) Signature of funeral director *La Forge and Co.*
(b) Address *Caruthersville, Mo.*
19. (a) *1-2-47* (b) *Freddie B. Welka*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* County *Jennett*
(b) City or town *Caruthersville, Mo.*
(If outside city or town limits, write "RURAL")
(c) Street No. *201 W 14th St*
(If rural, give location)
(d) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *12* day *28*
year *1946* hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from *12-28-46*
_____ 19____ to *12-28-* 19____
that I last saw her alive on *12-28-* 19____
and that death occurred on the date and hour stated above.

Immediate cause of death *Cerebral accident*
Due to *unknown*

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN *JSA*
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 _____
23. Signature *D.W. Cook M.D.* (M. D. or other) _____
Address *Caruthersville, Mo.* Date signed *12-28-46*

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

1-47-1

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.