

Registration District No. 273

Primary Registration District No. 6265

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural-N. Grant township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: x 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x  
(Specify whether years, months or days)

In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112

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

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

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country x

3: (a) PRINT FULL NAME Albert Arthur Snider

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife Clara

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

7. Birth date of deceased July - 13 - 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 9 no x hr. x min.

9. Birthplace Greene County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Thaddeus Snider

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

14. Maiden name Rachael Wommack

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant W.M. + C.T. Snider (sons)

(b) Address Fairgrove + Marshfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-15-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Cedar Bluff

18. (a) Signature of funeral director: Pex Rainey

(b) Address Marshfield Missouri

19. (a) Apr. 27 1948 (b) J. Francis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1948 hour \_\_\_\_\_ minute 30 p.m.

21. I hereby certify that I attended the deceased from Feb. 17 1947 to April 13 1948  
that I last saw him alive on March 30 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Decompenstation

Due to Chronic Valvular Heart Disease

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

Duration Few Minute

Due to about 5 years

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

Of autopsy 92%

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 0

23. Signature C.P. Macdonough (M. D. or other) M.D.  
Address Marshfield, Mo. Date signed 4/14/48

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

RECEIVED

District Health Officer No. 6,

District File Number 548-606

Date Filed MAY 18 1948

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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 *[Signature]*  
Licensed Embalmer No. 3312  
P. O. Address *[Signature]*

**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.