

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH

State File No. **42862**

FILED FEB 9 1949
Registration District No. **324**

Primary Registration District No. **3072**

Registrar's No. **235**

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitz Gibbons Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: 4 Days In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pinn 58
(c) City or town Marceline (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 7
year 1948 hour 9 minute 15 P.M.
21. I hereby certify that I attended the deceased from Nov 1 1948 to Nov 7 1948
that I last saw h/m alive on Nov 7 1948
and that death occurred on the date and hour stated above.

4. Sex male Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Dora Snider
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 3 1871
(Month) (Day) (Year)

Immediate cause of death Myocardial Heart Infarction
Due to _____
Due to _____

8. AGE: Years 77 Months 0 Days 4
If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 1024
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Section Man

MOTHER FATHER
11. Industry or business _____
12. Name John Wesley Snider
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Sarah
15. Birthplace unknown (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Victor Snider
(b) Address Marceline Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Wash Cemetery

23. Signature James A. Reed (M. D. or other) _____
Address Marshall Mo Date signed 11-9-48

18. (a) Signature of funeral director James McLaughlin
(b) Address Marceline Mo 335
19. (a) Nov 10 1948 (Date received local registrar) (b) Edwney V Gray (Registrar's Signature)

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

RECEIVED

Health Officer No. 8,

Number

11 - 18 - 48

FEB 9 1949

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 Blanche Laughlin
Licensed Embalmer No. 1909
P. O. Address. Marceline

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.