

Dunklin County

Snider, Francis Marion (25 Feb 1848 -11 Mar 1942) Buried in Elder. Lived in Campbell, MO. 52nd Mo Mounted Militia (Probably 52nd EMM)

dup. of copy - 1-4-43 not found - ORB-mjk 12-3-42 - Mrs. J.A. 12-30-42

CHECK TYPE REQUIRED
(See instructions attached)

UPRIGHT MARBLE HEADSTONE
 UPRIGHT GRANITE HEADSTONE
 FLAT MARBLE MARKER
 FLAT GRANITE MARKER

APPLICATION FOR HEADSTONE OR MARKER
(PLEASE MAKE OUT AND RETURN DUPLICATE) ORIGINAL

Enlistment dates Civil War. March, 1865
 Discharge dates July 20, 1865
 Pension number no. 2590969
 Serial number _____

GRANITE MARKER C.W.

Name	Rank	Company	U. S. Regiment, State Organization, or Vessel	Date of Death
Francis M. Snider	<i>priv.</i>	<i>Capt. James C. Thomson Co.</i>	52 Mo. Mounted Inf. <i>Militia</i>	Mar. 11, 1942

Name of Cemetery	Located in or near—		If World War Veteran		EMBLEM
	City	State	Division	State	
Elder Cem.	Campbell	Mo.			Christian Hebrew None

To be shipped to Mrs. Mary Jane Snider at Malden, Dunklin Co., Missouri
(Name of consignee) (Give R. R., NAME OF TOWN, county, and State)

Whose post-office address is Campbell, Missouri

DO NOT WRITE HERE

For verification NOV 19 1942
 Ordered MAR 5 - 1943 COLUMBUS, MISS.
 B/L 6824412
 Shipped 4-23-43

This application is for a headstone or marker for the UNMARKED grave of a veteran. The Government STONE will be furnished and shipped freight prepaid at Government expense to you direct, where "Delivery Service" by the railroad is in effect; otherwise to the nearest railroad station or steamboat landing above indicated. I hereby agree to accept promptly the headstone or marker at designation, remove it, and properly place it at decedent's grave at my expense.

Sign all boxes

Mrs. Mary Jane Snider Applicant.
(Signature of Applicant)

Address Campbell, Mo. Date Nov. 1, 1942

WAR DEPARTMENT Approved Aug. 12, 1913;
 O. Q. M. G. Form No. 623 May 18, 1931; Feb. 15, 1937; May 1, 1939; July 1, 1940; July 1, 1942.

16-11453-1 GPO

IMPORTANT—COMPLETE REVERSE SIDE



DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14247
State File No.

REGISTERED DEATH NO. FILED MAY 12 1942 Primary Registration District No. 4166 Registrar's No. 8

35
1
1

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

1. PLACE OF DEATH:
 (a) Country Dunklin
 (b) City or town Campbell, Mo.
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dunklin
 (c) City or town Campbell
 (d) Street No. _____ (If frank, give location)

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

4. Sex Male (1) Color or race white (2) (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Mary Jane Snider (c) Age of husband or wife if alive 83 years
 (d) Birth date of deceased February 25 1848 (Month) (Day) (Year)

5. AGE: Years 94 Months 14 Days _____ If less than one day _____ hr. _____ min.

6. Birthplace Dunklin (City, town, or county) (State or foreign country) Illinois

7. Usual occupation Farming

8. Industry or business _____

9. (a) Name Dr. Jacob Snider
 (b) Birthplace unknown (c) (d) Maiden name Mary Ann Cross
 (e) Birthplace unknown (f) (g) Informant Wendell Snider
 (h) Address Campbell, Mo.
 (i) Burial (j) Date thereof March 15 1942 (k) (l) Place of burial or cremation Bled
 (m) Signature of funeral director Wendell Snider (n) Address Campbell, Missouri
 (o) 3-12-1942 (p) Mrs. B. Oliver (q) _____ (r) _____
 (This must be kept separate) (Registrar's signature) Date signed 3/13/42

10. Date of death: Month March day 11 year 1942 hour 9 AM minute P. M.
 11. I hereby certify that I attended the deceased from March 29 1942 to March 11 1942 and that I last saw him/her alive on March 11 1942 and that death occurred on the date and hour stated above.
 Immediate cause of death: Chronic myocarditis
Arteriosclerosis Duration 8 days
 Due to: _____
 Due to: _____
 Other conditions Sensibility - 93d
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: no op.
 Of autopsy: none
 Underline the cause to which death should be charged if applicable.

12. If death was due to external cause, 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? (c) Means of injury: _____
 13. Signature Wallace Selby (M. D. or other) _____
 Address Campbell Mo. Date signed 3/13/42

1150 (Licensed Embalmer's Statement on Reverse Side)

Gist, James Knox Polk (4 Dec 1844 - 27 Mar 1936) Buried Cockran Cemetery, Dunklin County, Missouri. Served as Private in Company E, 2d TN Mounted Infantry (Union). Born in Lauderdale County, Alabama, moved to Dunklin County in 1870 Caught measles while serving which left him with "weak lungs" and partially deaf. Son of Levi Gist and Sarah Heffington. No wife.