APR 18 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11387

Registration District No. 408 Primary Registration District No. 5564 Registrar's No. 57

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Madison Township (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether

In this community 72 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Martha E. Snyder

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Levi Snyder

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased June (Month) 5 (Day) 1867 (Year)

8. AGE: Years 72 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Jasper County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Will Milligin
13. Birthplace Jasper County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Hickey
15. Birthplace Newton County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature W. E. Snyder

(b) Address Carthage

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Arthur Cemetery

18. (a) Signature of funeral director S. W. Knell

(b) Address Carthage, Mo.

19. (a) Mar 6, 1940 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1940 hour 4:30 P.M. minute M.

21. I hereby certify that I attended the deceased from March, 1937, to March 4, 1940; that I last saw her alive on March 4, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Block	
Due to Infection of Gall Bladder	
Due to	
Other conditions (Include pregnancy within 3 months of death) 127	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN — 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? (Specify type of place)

865

While at work? (e) Means of injury

23. Signature Geo. H. Braglon (M. D. or other) M.D.

Address Reeds, Mo. Date signed 3/5/40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X19311

RECEIVED
District Health Officer No. 6,
District File Number HHO-1158
Date Filed APR 1 5 1940

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 Lucy Knell - Buckwell

Licensed Embalmer No. 2510

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, above space should be left blank.

No. 2B
2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11387

Registration District No. 408 Primary Registration District No. 5564 Registrar's No. 37

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. Route #1, Reeds
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Martha E. Snyder

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 0 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) May 4, 1940 (Date received by local registrar) (b) E. J. McInhre M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3-28 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
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 Geo H. Brandom (Attending physician or other)
Address Reeds Mo Date signed

SUPPLEMENTARY