No. 2
4-13-40
5-17-39
I X23159

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. 11034

FED APR 3 1941

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 29

49 6 2

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Webb City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chinn. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 0 18 Hours. (Specify whether years, months or days)
In this community: 10 Years.

2. USUAL RESIDENCE OF DECEASED: 49 2 5
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin Mo; (If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D. 2 / (If rural give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME: John Raymond Snyder
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct. 13, 1926. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
14	5	7	hr. min.

9. Birthplace: Picher Okla; / (City, town, or county) (State or foreign country)
10. Usual occupation: Student
11. Industry or business: School
MOTHER FATHER
12. Name: Ferman Snyder
13. Birthplace: Jasper Co; Mo; 0 (City, town, or county) (State or foreign country)
14. Maiden name: Pearl Smith
15. Birthplace: Jasper Co; Mo; 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Ferman Snyder
(b) Address: R.F.D. Joplin Mo;
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 24 1941. (Month) (Day) (Year)
(c) Place: burial or cremation: Burial -- Fairview
18. (a) Signature of funeral director: Hurlbut Und. Co;
(b) Address: Joplin Mo;
19. (a) MCH 24. 41 (Date received local registrar) (b) O. L. Pritchett M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 21, 1941. year hour 8-55 A.M. minute M.
21. I hereby certify that I attended the deceased from 3-20-41, 19..., to 3-21, 1941, that I last saw him alive on 3-21, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Streptococcus peritonitis	24 hours
Due to: Ruptured Appendix	24 hours
Due to: Exacerbation of Chronic Appendicitis	
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? 377 (Specify type of place)
While at work? (e) Means of injury:
23. Signature: [illegible] (M. D. or ~~other~~) D
Address: Webb City, Mo Date signed 3-21-41

(Licensed Embalmer's Statement on Reverse Side)

41-4-317

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. Sam E. Sweeney

Licensed Embalmer No. 4099

P. O. Address Joplin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.