

FILED APR 15 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12184
Do not use this space.

1. PLACE OF DEATH
 (a) County Saline Registration District No. 796
 (b) Township Marshall Primary Registration District No. 3038 Registered No. 43 91
 (c) City Marshall (d) Street No. Marshall School St. 2
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 17 yrs. 11 mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Snyder
 (a) Residence, No. Westbury, P. O. Box 210 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced 3

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 1886

7. AGE YEARS 65 MONTHS 8 DAYS ? If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westbury, Marshall Co Mo

FATHER 13. NAME Charles Snyder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Co Mo

MOTHER 15. MAIDEN NAME Mary Spabill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Co Mo

17. INFORMANT (ADDRESS) School Record, Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Removal DATE 3-10-42

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Harry Hershberger, Marshall Mo

20. FILED Mar 10 19 42 M. O. Westbrook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 1942

22. I HEREBY CERTIFY That I attended deceased from March 5 1942 to March 10 1942
 I last saw him alive on March 9 1942 Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis acute Date of onset

Other contributory causes of importance: 93e

Name of operation - Date of -
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? - Date of injury -, 19-
 Where did injury occur? - (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury -
 Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify - (Signed) A. H. Hoppel M. D.
 (Address) Marshall Mo

Patersonburg Mo 1942 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

50M-11-12-38 I X14023

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-14-42

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 Fred Welkinson

Licensed Embalmer No. 2478

P. O. Address Clinton Mo

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.