V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

60
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27628

Registration District No. 192 Primary Registration District No. 5706 Registrar's No. 42

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Rural Anderson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2½ mi N.W. of Anderson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 9 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2½ mi N.W. Anderson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ROSA ELLEN SNYDER

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lewis A Snyder 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May (Month) 2 (Day) 1871 (Year)

8. AGE: Years 71 Months 3 Days 14 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation Housewife

11. Industry or business ✓

FATHER
12. Name Thomas Sanford
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Sarah Ann Cotten
15. Birthplace Blue Springs (City, town, or county) Missouri (State or foreign country)

16. (a) Informant George Snyder
(b) Address Anderson, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation Anderson, Mo.

18. (a) Signature of funeral director Tatum Funeral Home R.C. Chatham
(b) Address Anderson, Missouri

19. (a) Aug 17-42 (Date received local registrar) (b) A M Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1942 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Saw her after Death, 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 Chronic Valvular Disease of Heart — Duration 3 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93d

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)
While at work? (e) Means of injury

23. Signature L B Bush Coroner (M. D. or other)
Address Anderson Mo Date signed 8-16-42

908

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 942-1368
Date Filed SEP 10 1942

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 me, Registered Apprentice No., working under my personal supervision.

Signed Richard E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, Ind.

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.