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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7455

State File No.

Registration District No. 372 Primary Registration District No. 4457 Registrar's No. 1

1. PLACE OF DEATH:

(a) County St Clair

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

(c) Name of hospital or institution:
Lowry City St Clair Co Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 37
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 93

(a) State Missouri (b) County St Clair 0

(c) City or town Lowry City Mo 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Daniel Snyder

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of ~~husband or~~ wife Anna Rainey Snyder

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

7. Birth date of deceased Aug. (Month) 31 (Day) 1864 (Year)

8. AGE: Years 78 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Mt Zion St Clair (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Randolph Snyder
13. Birthplace Germany (City, town, or county) [illegible] (~~State or~~ foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Not Given (City, town, or county) 9 (State or foreign country)

16. (a) Informant Lora L. Stehuein
(b) Address Lowry City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-43 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Lowry City Cemetery

18. (a) Signature of funeral director H. C. Austin
(b) Address Lowry City Mo

19. (a) 1-14-43 (Date received local registrar) (b) V. E. Lotz (Registrar's signature)

1127 Minnie Foster Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1942 1 hour 50 minute P.M.

21. I hereby certify that I attended the deceased from 2-24-1935, to 1-3-1943;
that I last saw him alive on 1-3-43, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chr

Due to

Due to

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically. 0

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 W H Elliott (M. D. or other) Mo

Address Appleton City, Mo Date signed 1-6-43

(Licensed Embalmer's Statement on Reverse Side)

DEC 9 1943

RECEIVED
District Health Officer No. 71
District File Number 1-43-20
Date Filed 9-30-43

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 Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Osceola, 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, fact should be so stated above.