S. No. 2
0M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31732

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 174

42
2

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 210 N Water (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Henry 042 1 2
(c) City or town: Clinton (If outside city or town limits, write "RURAL")
(d) Street No.: 210 N Water (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Harry V. Snyder
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: 3 divorced
6. (b) Name of husband or wife: Myrtle Snyder
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 2 (Month) 26 (Day) 1867 (Year)
8. AGE: Years 76, Months 6, Days 7; If less than one day: hr. min.
9. Birthplace: Savanna (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation: Telephone line man
11. Industry or business:
MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant: Mrs Wm Jones
(b) Address: 210 N Water Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9 5 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Englewood Cem
18. (a) Signature of funeral director: Fred Wilkinson
(b) Address: Clinton Mo
19. (a) Sept. 4, 1943 (Date received local registrar) (b) Georgia Kidehen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 3 year: 1943 hour: 4 minute: 00 A.M.
21. I hereby certify that I attended the deceased from Past four or 5 years, to 9-3, 1943, that I last saw him alive on 9-2, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Edema Terminal Anasarca — Duration:
Due to: Mitral disease
Due to:
Other conditions (Include pregnancy within 3 months of death): 9 yr
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)
While at work? (e) Means of injury:

23. Signature: E. C. Teelor M.D. (M.D. or other)
Address: Clinton Mo Date signed: 9/4/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 9-43-1011
Date Filed 10-7-43

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: Fred Wilkinson

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, fact should be so stated above.