

FILED FEB 14 1944

Registration District No. _____

Primary Registration District No. 4194

Registrar's No. 10

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County County 38
(c) City or town Albany
(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 _____

3. (a) PRINT FULL NAME Emily Viola Snyder
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 8
year 1944 hour 110 minute _____ P. M.

4. Sex Female / race White / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Andrew W. Snyder
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased: February 5 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 12th 1944 to Jan 8th 1944;
that I last saw her alive on Jan 7th 1944;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
82 11 3 hr. _____ min.

Immediate cause of death: Broncho-pneumonia
Due to: Acute Influenza
Duration: 5 days

9. Birthplace: Fazewell Co. Virginia
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: 23a
Of operations: _____
Of autopsy: _____

10. Usual occupation: Housewife

11. Industry or business _____
12. Name: John M. Cusimond
13. Birthplace: Baltimore Maryland
(City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Seibam
15. Birthplace: Burke Gardens Virginia
(City, town, or county) (State or foreign country)

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

16. (a) Informant: Andrew W. Snyder
(b) Address: Albany, Mo. 11
17. (a) Burial (b) Date thereof: 1-18-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Springfield

23. Signature: Orlando Campbell (M. D. or other) Jan
Address: Albany Mo Date signed: Jan 11 1944

18. (a) Signature of funeral director: Blufford Cook
(b) Address: Albany Mo
19. (a) Jan 13-1944 (b) John T. White
(Date received local registrar) (Registrar's signature)

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

2
43
-39
136571

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 W. J. Barker
Licensed Embalmer No. 3329
P. O. Address Albany 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.