

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 12 1945

Registration District No. 194

Primary Registration District No. 3035

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Livingston

(c) Name of hospital or institution: 71. 23rd St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette

(c) City or town Livingston 57  
(If outside city or town limits, write "RURAL")

(d) Street No. 71. 23rd St. 2  
(If rural, give location)

(e) Citizen of foreign country? ! (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MATTIE SNYDER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 26<sup>th</sup> day April  
year 1945 hour about minute 3pm M.

21. I hereby certify that I attended the deceased from called as coroner to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him by physician in attendance \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Fe! 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Dec 25 1870  
(Month) (Day) (Year)

Immediate cause of death arteriosclerosis many years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
75 4 1 hr. \_\_\_\_\_ min.

9. Birthplace Richmond MO  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy none

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Richard Snyder

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Smith

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Snyder

(b) Address Livingston, Mo

17. (a) Burial (b) Date thereof 4-28-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, Mo

18. (a) Signature of funeral director F. J. Schwalb

(b) Address Livingston, Mo

19. (a) May 5-45 (b) Mrs. Fred Schwalb  
(Date registered local registrar) (Registrar's signature)

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? yes (Specify type of place) \_\_\_\_\_ (e) Means of injury 2

23. Signature W. H. Casper  
Address Livingston, Mo Date signed 4-26-45  
Lafayette County

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

54  
3  
2

1158

RECEIVED

District Health Officer No. 3,

District File Number

Date Filed

5/11/45

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.....

Licensed Embalmer No. 2983

P. O. Address.....

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.