

Registration District No. 167

Primary Registration District No. 5609

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural, Rose Hill Twp/
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 miles South of Holden, Mo. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 53 years
years, months or days)

3. (a) PRINT FULL NAME Menno Rudolph Snyder

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Snyder 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased AUG. 26, 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Mt Zion, Henry Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Stockman

11. Industry or business same

12. Name Rudolph Snyder
13. Birthplace Baden Germany (City, town, or county) (State or foreign country)
14. Maiden name Mary Ulrich
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Anna Snyder
(b) Address Holden, Missouri.
17. (a) Burial (b) Date thereof AUG 21, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madford Cemetery
18. (c) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri.

19. (a) 8-22-45 (b) Kathryn S. Canaday Mep.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rose Hill Twp.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1945 hour 4:15 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation, caused by hanging by the neck, with a rope.
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence August 19, 1945
(c) Where did injury occur? In wash-house at home
(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 3

23. Signature F. May Andrews, Coroner
Address Holden, Mo. Date signed 8/21/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

APR 3 1947

FEB 1 1949

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 M. L. Canaday
Licensed Embalmer No. 34/34
P. O. Address Holden, 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.