

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31273**

Registration District No. **292**

Primary Registration District No. **6002**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Ralls.
 (b) City or town Perry, Missouri R.F.D.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Saltriver Township. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____
(Specify whether
 In this community. 82 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ralls, 89
 (c) City or town Perry, Mo R.F.D. 0
(If outside city or town limits, write "RURAL")
 (d) Street No. Saltriver Township. 0
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country. _____

3. (a) PRINT FULL NAME Noah J. Snyder.
 3. (b) If veteran, name war. _____
 3. (c) Social Security No. None.

4. Sex Male 0
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Nora Snyder
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 20, 1865.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>4</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Ralls County, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business Farm.

12. Name Nathan Snyder.

13. Birthplace Unknown Virginia.
(State or foreign country)

14. Maiden name Elizabeth Rouse

15. Birthplace Unknown Virginia.
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Newell
 (b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof 7/11/45.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Riverview.

18. (a) Signature of funeral director Clyde Wiley
 (b) Address Perry, Missouri.

19. (a) Sept 7-1945 (b) Mrs. Earl Perkinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th,
 year 1945 hour 8:30 minute A. M.
 21. I hereby certify that I attended the deceased from morning of
July 9, 1945, 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 Cerebral Thrombosis Shard arteriosclerosis
 Duration _____
 Due to _____

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 940
 Of operations _____
 Of autopsy _____

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 John E. Brown (M. D. or other) 0
 Address Perry, MO Date signed 7-15-45

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

87
0
0

RECEIVED

District Health Officer No. 10

District File Number 9-45-1486

Date Filed SEP 19 1945

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, only

....., Registered Apprentice No.
working under my personal supervision.

Signed Clyde Disney

Licensed Embalmer No. 3820

P. O. Address Perry, 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.