No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33173

Registration District No. 160 Primary Registration District No. 3018 Registrar's No. 72

1. PLACE OF DEATH:
(a) County: DENT
(b) City or town: SALEM
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community 60 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: DENT
(c) City or town: SALEM
(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: WILLIAM WESLEY SNYDER
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: ADA SNYDER
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: AUGUST (Month) 8 (Day) 1871 (Year)

8. AGE: Years 75 Months 2 Days 7 If less than one day — hr. — min.

9. Birthplace: VERNON COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: MINISTER
11. Industry or business: —

FATHER
12. Name: DAVID SNYDER
13. Birthplace: UNKNOWN (City, town, or county) INDIANA (State or foreign country)

MOTHER
14. Maiden name: MARGARET PAYNE
15. Birthplace: UNKNOWN (City, town, or county) INDIANA (State or foreign country)

16. (a) Informant: Floyd Snyder
(b) Address: SALEM, MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: OCT 17 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: CORINTH CEMETERY
18. (a) Signature of funeral director: Hahn & Grantham
(b) Address: SALEM, MISSOURI
19. (a) 10-17-46 (Date received local registrar) (b) M. M. Hart, M.D. by [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15 year 1946 hour 1 minute 25 AM.
21. I hereby certify that I attended the deceased from Oct 1, 1946, to Oct 15, 1946; that I last saw him alive on Oct 10, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage	Duration 3 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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: 0

23. Signature: [illegible] (M. D. or other) [illegible]
Address: [illegible] Date signed 10/18/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 1946577
Date Filed 11-21-46

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 Max L. Wurfel

Licensed Embalmer No. 4170

P. O. Address Salem, Mass.

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.