

FILED MAR 10 1947
 Registration District No. **46**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
 (a) County **Buchanan**
 (b) City or town **St. Joseph**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
320 E. Missouri Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community **14 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Buchanan**
 (c) City or town **St. Joseph**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **320 E. Missouri Ave.**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Rachel Anna Snyder**
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**
 4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Byrd R. Snyder** 6. (c) Age of husband or wife if alive **68** years
 7. Birth date of deceased **Aug. 19, 1880**
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb.** day **19**
 year **1947** hour **9** minute **45 a** M.
 21. I hereby certify that I attended the deceased from **February 9**, 19**47**, to **February 19**, 19**47**
 that I last saw **or** alive on **February 19**, 19**47**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	66	6	0	_____ hr. _____ min.

Immediate cause of death **Acute Cardiac Dilatation**
 Due to **Carcinoma of Liver and Gallbladder** **unknown**
 Due to _____
 Other conditions **Diabetes Mellitus and Chronic Nephritis** **146F**
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy **146F**
 Underline the cause to which death should be charged statistically.

9. Birthplace **Aurora, Nebraska** (City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**
11. Industry or business **Own home**
MOTHER { **12. Name** **Olie M. Egeland**
13. Birthplace **Unknown Norway 4** (City, town, or county) (State or foreign country)
14. Maiden name **Julia Knutson**
15. Birthplace **Unknown Norway 4** (City, town, or county) (State or foreign country)
16. (a) Informant **Katherine Snyder**
(b) Address **320 E. Missouri Ave.**
17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** **Feb. 21, 1947** (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Auburn Cem.**
18. (a) Signature of funeral director **Clark Mortuary**
(b) Address **5025 King Hill Ave.**
March 4, 1947 **(b) R. L. Jenkins** (Date received local registrar) (Registrar's signature)
19. (a) _____

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)
 (c) Means of injury **2**
23. Signature **John H. Fisher, M.D.** (M.D. or other) **J.O.**
823 Faxon **2/19/47**
 Address Date signed

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 *Emil E. Slavik*.....

Licensed Embalmer No. **4238**.....

P. O. Address **St. Joseph, 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.