S. No. 2
M—1-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 20 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21697

Registration District No. 227 Primary Registration District No. 5805 Registrar's No. 32

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town SANTA FE - JEFFERSON TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ 1
(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 MISSOURI (b) County MONROE 69

(c) City or town SANTA FE, MO.
(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 FRANK WILLIAM SNYDER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE 4

5. Color or race WHITE 1

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MAMIE SNYDER

6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAY (Month) 11, (Day) 1869 (Year)

8. AGE: Years 78 Months 0 Days 18 If less than one day hr. min.

9. Birthplace MONROE CO., (City, town, or county) MO. 1 (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business GENERAL MERCHANDISE

FATHER
12. Name JOHN SNYDER 1
13. Birthplace (City, town, or county) VA. 1 (State or foreign country)

MOTHER
14. Maiden name ELIZA HAUPMAN 1
15. Birthplace (City, town, or county) VA. 1 (State or foreign country)

16. (a) Informant MRS. FRANK SNYDER
(b) Address SANTA FE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 1, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation SANTA FE, MO.

18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MO.

19. (a) ~~5-30-47~~ 6-6-47 (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature) 2 DS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29
year 1947 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1947, to May 29, 1947
that I last saw h[illegible] alive on May 29, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary thrombosis	
Due to Myocarditis (Rheumatic)	
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

23. Signature [illegible] (M. D. ~~or other~~)
Address PERRY, MO. Date signed 5-29-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-47-752
Date Filed JUN 18 1947

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. 4000

P. O. Address. Paris, Missouri.

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.