

S. No. 2  
M-5-43  
5-17-39  
I X3687

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1:13242  
Registrar's No. 3

FILED APR 28 1948

Registration District No. 1

Primary Registration District No. 3-657

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Plew Real Oak  
(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 1 (Specify whether)  
In this community Native (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55  
(c) City or town Plew 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Lawrence R. R. # 0  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Laverda Mae Snyder

3. (b) If veteran, name war 1  
3. (c) Social Security No. None

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife 1  
6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased: July 22 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 6 11 hr. min.

9. Birthplace Vanora Co. Mo. 6  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name James P. Sutton 1

13. Birthplace Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Ann Wagner

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

16. (a) Informant Mrs. Claire Emerick

(b) Address Lawrence R. R.  
17. (a) Burial (b) Date thereof 2-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Real Oak

18. (a) Signature of funeral director Morris German  
(b) Address Miller Mo.  
19. (a) 3-9-48 (b) W. S. Bourne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13  
year 1948 hour not known about 11:00 P.M.  
21. I hereby certify that I attended the deceased from after death 19 19 to 19 ;  
that I last saw h. alive on 19 19 ;  
and that death occurred on the date and hour stated above.

Immediate cause of death we the jury find that Mrs Snyder came to her death as the result of gun shot wounds by person or persons unknown  
Due to result of gun shot wounds by person or persons unknown  
Due to persons unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: 166  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Homicide  
(b) Date of occurrence probably Tuesday night 2/10/48  
(c) Where did injury occur? Lawrence Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home  
While at work? NO (Specify type of place)  
(e) Means of injury a gun shot  
23. Signature Herman Scridge coroner 3  
Address Marionville Mo. Date signed 2/14/48

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 6;  
District File Number 448-497  
Date Filed APR 26 1948

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 J. R. Leiman

Licensed Embalmer No. 8297

P. O. Address Miller 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.