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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 150

Primary Registration District No. 4241

Registrar's No. 169

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Dak Grove  
(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 \_\_\_\_\_)  
In this community 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JESSE G SNYDER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Belle Snyder

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: July 25 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 1 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Dixon Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Dealer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Daniel Snyder

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

14. Maiden name Julia Graham

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

16. (a) Informant Belle Snyder

(b) Address Dak Grove, Mo.

17. (a) Burial (b) Date thereof Sept. 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dak Grove Cemetery

18. (a) Signature of funeral director Mrs. B.B. Webb

(b) Address Dak Grove, Mo.

19. (a) SEPT. 1, 1948 (b) Donald C. Emanuel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Dak Grove 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30th  
year 1948 hour One minute 50 P.M.

21. I hereby certify that I attended the deceased from Oct. 1947 to Aug 30 1948  
that I last saw him alive on Aug 30 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach 1 yr  
Basal Metastasis Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 5 months of death) 46 B

Major findings: Carcinoma of Stomach

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James W. Williams (M. D. or other) MD  
Address Dak Grove, Mo. Date signed 8-30-48

**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.....

*as a*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*R B Webb*

Licensed Embalmer No. *2353*

P. O. Address. *Blue Springs 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.**