

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

5540
Do not use this space.

606

REC'D MAR 14 1938

9

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kenn Primary Registration District No. 1002
 (c) City Kennett (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. _____

2. PRINT FULL NAME

(a) Residence, No. 1800 East Front St. St. 536
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 ✓ 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miller
 9. Industry or business in which work was done, as saw mill, bank, etc. Flour mill
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Friendship Indiana

13. NAME John Snyder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynchburg Virginia

15. MAIDEN NAME Harriet H. Hark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Ohio

17. INFORMANT (ADDRESS) Lyle Snyder
308 Poplar Goodnow Ky

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 2/5 1938

19. FUNERAL DIRECTOR (ADDRESS) A. Sebbat
901 East 5th St

20. FILED 2/6 1938 38 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/2/38 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19

I last saw him alive on _____, 19. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Chronic glomerular nephritis
Chronic hypertensive myocarditis
 Other contributory causes of importance: _____

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X12004

STATEMENT BY LICENSED EMBALMER

I, Ray E Snow, Licensed Embalmer No. 25760

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Ray E Snow
Licensed Embalmer No. 25760

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.)