

REC'D FEB 23 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2111
Do not use this space.

1. PLACE OF DEATH

(a) County Crawford Registration District No. 1113
(b) Township Stage Primary Registration District No. 5317 Registered No. 1
(c) City Dellard Mo. (d) Street No. _____ St. _____
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Dellard Mo. St. (If nonresident, give city or town and State)
John Owen Snyers
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15-1858
7. AGE YEARS 82 MONTHS 5 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 2, 1939

22. I HEREBY CERTIFY That I attended deceased from Dec 29, 1938 to Jan 2, 1939
I last saw him alive on Dec 29, 1938. Death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9
9. Industry or business in which work was done, as saw mill, bank, etc. No
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset About Oct. 1-38
Myocarditis
Other contributory causes of importance: 93 A1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford County Mo.

FATHER 13. NAME Frank Snyers 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Don't know 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mary Snyers Dellard Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dellard Mo. Jan 3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. J. Jones & Son Steubenville Mo.

20. FILED Jan 12, 1939 E. E. Seltz Local Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? No
If so, specify _____
(Signed) Geo. W. Russell, M. D.
(Address) Steubenville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, _____

Not Embalmed

or by _____

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

Signed _____

[Signature]

Licensed Embalmer No. _____

2379

P. O. Address _____

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, above space should be left blank.