

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

22688  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Mercer Registration District No. 553  
 (b) Township Lawrence Primary Registration District No. 5754 Registered No. 7  
 (c) City ..... (d) Street No. ....  
 (e) Length of residence in city or town where death occurred many yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Fred Snyder  
 (a) Residence, No. R.F.D. 2 Mercer Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Snyder  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 1869  
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, ..... hrs. or ..... min.  
69 9 13  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from May 20, 1939, to May 26, 1939  
 I last saw him alive on May 26, 1939. Death is said to have occurred on the date stated above, at 3 P. m.  
 The principal cause of death and related causes of importance were as follows:

Cancer of stomach

Date of onset

Other contributory causes of importance:  
Subeysoloid Surgery and X-ray

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 FATHER 13. NAME A. H. Snyder  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.  
 MOTHER 15. MAIDEN NAME Van Buren  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.  
 17. INFORMANT (ADDRESS) Mrs Fred Snyder Mercer Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence Mo DATE June 1, 1939  
 19. FUNERAL DIRECTOR (ADDRESS) Macl Moss Princeton, Mo.  
 20. FILED MAY 6 1939 S. P. Davis 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?  
 If so, specify .....  
 (Signed) B. J. Cystell D.O.  
 (Address) Princeton, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED  
District Health Officer No. 11,  
District File Number 734-781  
Date Filed JUL-7-1939

STATEMENT BY LICENSED EMBALMER

I, Naal Mass, Licensed Embalmer No. 2634  
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 Naal Mass  
Licensed Embalmer No. 2634

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.)