

AUG 7 1939

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

26246
Do not use this space.

1. PLACE OF DEATH

(a) County Mercer Registration District No. 553
(b) Township Marion Primary Registration District No. 5746
(c) City _____ (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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 14

2. PRINT FULL NAME

(a) Residence, No. R. F. D. Mercer, Missouri St.
(Usual place of abode, if no street address, give county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife) (OR) WIFE OF Jacob Cunningham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August, 2, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 II 6

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

FATHER
13. NAME Henry H. Snyder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Lucy Painter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania.

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE - Early - Mercer Mo. DATE July 10, 1939

19. FUNERAL DIRECTOR (ADDRESS) D. D. Kremler

20. FILED 7/10, 1939 S. R. Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1939 to July 8, 1939
I last saw h. 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:

Pneumonia (Lobar)
108
Date of onset

Other contributory causes of importance:
Arteriosclerosis

Name of operation None 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) Dr. R. S. Martin
mercer,
Mo.

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839-964

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STATEMENT BY LICENSED EMBALMER

I, O. O. Greenlee, Licensed Embalmer No. 872

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ames L. Greenlee

L. E. 3967

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

Signed O. O. Greenlee
Licensed Embalmer No. 872

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.)