

SEP 1 1939

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

Do not use this space.

28575

1. PLACE OF DEATH Buchanan County Buchanan Registration District No. 85 File No. 28575  
 Township St. Joseph Primary Registration District No. 001 Registered No. 802  
 City St. Joseph (No. MO Methodist Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Elwood Snyder  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Altamont, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Snyder  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31-1874  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
65 6 1  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R.R. Con.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) Apr. 1934 11. Total time (years) spent in this occupation. Life  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Co., MO  
Liberty, Mo.  
 13. NAME Frederick Snyder  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 15. MAIDEN NAME Mary E. Gallamore  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT Mrs. Jessie Snyder  
 (ADDRESS) Altamont, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Altamont, Mo. DATE Aug-4-1939  
 19. UNDERTAKER (ADDRESS) Hope T. & U. Co.  
Gallamore, Mo.  
 20. FILED Aug 27 1939 H. H. MacArthur Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from July 31, 1939, to Aug 2, 1939  
 I last saw him alive on Aug 2, 1939. Death is said to have occurred on the date stated above, at 8:40 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Occlusion  
Arterio Sclerosis  
General  
 Date of onset Sudden unknown  
 Other contributory causes of importance:  
Tonsillitis chronic unknown  
 Name of operation Tonsillectomy Date of 8-3-39  
 What test confirmed diagnosis? Exam. ... 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) E. M. Shores M. D.  
 (Address) 317 1/2 Kirkpatrick Bldg.  
St. Joseph, 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.

STATEMENT BY LICENSED EMBALMER

I, L. O. Richesson, Licensed Embalmer No. 3302

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by L. O. Richesson

or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

(Signed) L. O. Richesson

Licensed Embalmer No. 3302

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(Failure to comply with the above regulation constitutes grounds for revocation of license.)

APR 1 1939

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 9/1/39