

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

36333
Do not use this space.

NOV 20 1939

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 408
 (b) Township Garthage Primary Registration District No. 3020 Registered No. 202
 (c) City Garthage (d) Street No. Mcune Park Hospital 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 24 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
536
 2. PRINT FULL NAME Paul Snyder
 (a) Residence, No. Route 4 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26 1915
 7. AGE YEARS 24 MONTHS 9 DAYS 5 If LESS than 1 day, hrs. or min.
 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 _____
 12. BIRTHPLACE (CITY OR TOWN) Garthage (STATE OR COUNTRY) Missouri
 FATHER 13. NAME John Snyder
 14. BIRTHPLACE (CITY OR TOWN) Jasper County (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Elaine Klingfelter
 16. BIRTHPLACE (CITY OR TOWN) Meriton County (STATE OR COUNTRY) Missouri
 17. INFORMANT Mrs. L. E. Baker (ADDRESS) Route 4 - Garthage, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Stone Cemetery DATE Nov. 2 1939
 19. FUNERAL DIRECTOR (NAME) Wheel Mortuary (ADDRESS) Garthage, Missouri
 20. FILED Oct. 31 1939 E. J. McEntire, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31 1939
 22. I HEREBY CERTIFY, That I attended deceased from 10/26 1939 to 10/31 1939
 I last saw him alive on 10/31 1939 Death is said to have occurred on the date stated above, at 4:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebros of Limer Aug 12/1939
1246
 Other contributory causes of importance: Dementia praecox
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes
 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) W. J. McEntire, M.D.
 (Address) 304 Grant, Garthage, 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.

RECEIVED

District Health Officer No. 6,

District File Number 1139-2329

Date Filed NOV 15 1939

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, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed

J. W. K. [unclear]

Licensed Embalmer No. 814

P. O. Address

Carthage Mo

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.