

DEC 18 1939

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

40122  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Lawrence Registration District No. 1034  
 (b) Township Red Oak Primary Registration District No. 2631  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. 4  
 (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.  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_

2. PRINT FULL NAME Samuel Elihugh Snyder  
 (a) Residence, No. Blow Mo. St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Verdia Snyder  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-12-1866  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 11 16  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
 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) Nov. 28 1939  
 22. I HEREBY CERTIFY That I attended deceased from Aug 28, 1939, to Nov 28, 1939  
 I last saw him alive on Nov 4, 1939. Death is said to have occurred on the date stated above, at 2:45 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Angina pectoris  
Myocardial degeneration  
 Date of onset Aug 28  
 Other contributory causes of importance: Senility  
 Name of operation noce Date of \_\_\_\_\_  
 What test confirmed diagnosis? History 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 \_\_\_\_\_  
 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) George H. Wool M. D.  
 (Address) Carthage Mo.

12. BIRTHPLACE (CITY OR TOWN) Franklin Co. (STATE OR COUNTRY) Ill.  
 FATHER 13. NAME Samuel Snyder  
 14. BIRTHPLACE (CITY OR TOWN) Penn. (STATE OR COUNTRY) \_\_\_\_\_  
 MOTHER 15. MAIDEN NAME Elizabeth Taylor  
 16. BIRTHPLACE (CITY OR TOWN) Alabama (STATE OR COUNTRY) \_\_\_\_\_  
 17. INFORMANT Mrs. Verdia Snyder (ADDRESS) La Russell Mo. R.R. #  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Red Oak DATE Nov. 30 1939  
 19. FUNERAL DIRECTOR Morris & Leiman Funeral (ADDRESS) Miller Mo. Home  
 20. FILED Dec 2 1939 Alta Wilson Local Registrar.

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 1239-2585

Date Filed DEC 13 1939

STATEMENT BY LICENSED EMBALMER

I, G.R. Leiman, Licensed Embalmer No. 3297

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

G. R. Leiman

Licensed Embalmer No. 3297

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.)