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

3062
Do not use this space.

1. PLACE OF DEATH
(a) County Marion 2 Registration District No. 547
(b) Township, or Mason Primary Registration District No. 3029 Registered No. 21
(c) City Hannibal (d) Street No. 1906 Market 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ada E Snyder 536
(a) Residence, No. 1906 Market St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jasper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 19, 1862

7. AGE: Years 77 Months 11 Days 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
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): Saverton Mo 0

FATHER
13. NAME: John Bernard 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo 1

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): - - -

17. INFORMANT (ADDRESS): Tom Rogers 1906 Market Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: MT. Olivet DATE: Jan. 1, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): James O'Donnell Hannibal Mo

20. FILED: Jan 15, 1940 W C Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec-29-1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1939 to Dec 29, 1939
I last saw her alive on Dec 28, 1939. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	

Other contributory causes of importance: 4 3/8 C

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) E E Salyer, M. D.
(Address) Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

X16605

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal, Mo

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

If this body is not embalmed, above space should be left blank.