

15-1941  
10-39  
7-39  
X21492

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Registration District No. 197 Primary Registration District No. 5276 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Clay Mallat. Ind.

(b) City or town Linden, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna E. Snyder 536

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Wm. U. Snyder 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 31, 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name H. H. Casabeer

13. Birthplace Pa. \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Wood

15. Birthplace Pa. \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. U. Snyder, Jr.

(b) Address North K. C. No. Route 5

17. (a) Burial (b) Date thereof 4-29-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Mt. Hope K.C.  
Morton Funeral Home

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address North K. C. No. \_\_\_\_\_

19. (a) April 29-40 (b) J. M. Morton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Linden, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27  
year 1940 hour 4 minute 20 P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Arterio-sclerosis, Heart Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 95%

Major findings: Of operations \_\_\_\_\_

Of autopsy none

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? KS

While at work \_\_\_\_\_ (Specify type of place)  
(Means of injury)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address North K. C. No. \_\_\_\_\_ Date signed April 29

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 8,  
District File Number  
5-14-40  
Date Filed

**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 *Harold L. Porson*  
Licensed Embalmer No. 3605  
P. O. Address *North Haven*

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.