

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24851**
Registrar's No. **22**

Registration District No. **157**

Primary Registration District No. **4091**

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

1. PLACE OF DEATH:

(a) County **Cass**
(b) City or town **Pleasant Hill**
(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 _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days) **521**

3. (a) PRINT FULL NAME **John Henry Snyder**
3. (b) If veteran, name war _____
3. (c) Social Security No. **496-10-4202**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Minnie Snyder**
6. (c) Age of husband or wife if alive **34** years
7. Birth date of deceased **June - 28 - 1902**
(Month) (Day) (Year)

8. AGE: Years **38** Months **0** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Allen Co. W. Va.** (City, town, or county) (State or foreign country)

10. Usual occupation **Mechanic**

11. Industry or business _____

12. Name **Harry Snyder**
13. Birthplace **Unknown Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **unknown unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **L. V. Murray**
(b) Address **Pleasant Hill, Mo.**

17. (a) **Burial** (b) Date thereof **July 17, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Pleasant Hill, Mo.**

18. (a) Signature of funeral director **D. N. S. Senger**
(b) Address **Pleasant Hill, Mo.**

19. (a) **7-27-40** (b) **Mrs. Estelle Aldridge**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cass**
(c) City or town **Pleasant Hill**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15**
year **1940** hour **3** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **June 2, 1940**, to **July 15, 1940**
that I last saw him alive on **July 15, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **mitral Regurgitation**

Due to _____
Due to _____

Other conditions (include pregnancy within 5 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____

149 (Specify type of place) _____
While at work? _____ (e) Means of injury _____
Signature **L. V. Murray** (a. b. or other) _____
Address **Pleasant Hill, Mo.** Date signed **7/17/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

D. A. Noflinger....., Registered Apprentice No.....
working under my personal supervision.

Signed *D. A. Noflinger*.....

Licensed Embalmer No. *2928*

P. O. Address *Pleasant Hill*

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: