

DEC 17 1940

State File No. _____

Registration District No. 549

Primary Registration District No. 3099 5th 739

Registrar's No. 324

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: R.F.D. #1 Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Rt. 1 Harrison
(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.

3. (a) PRINT FULL NAME Miranda Snyder

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 8. 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>8</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Perry MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name Joseph Jackson

13. Birthplace MO
(City, town, or county) (State or foreign country)

14. Maiden name W. Brown

15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Orville Brown

(b) Address R. 1 Harrison MO

17. (a) Burial (b) Date thereof Nov. 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville MO

18. (a) Signature of funeral director James C. Hester

(b) Address Harrisonville MO

19. (a) Nov 19 40 (b) J. C. Hester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3rd
year 1940 hour _____ minute 10 A.M.

21. I hereby certify that I attended the deceased from Oct 21-40
to Nov 3 40
that I last saw him alive on Nov 1
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 78

Due to Senility

Due to Arteriosclerosis of the heart

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (or) Means of injury _____

23. Signature J. C. Hester (M. D. _____)

Address Harrisonville MO Date signed 11-7-40

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

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 D. Donnell
Licensed Embalmer No. 3246
P. O. Address Annabel M

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

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