

FILED JAN 25 1941

Registration District No. 408

Primary Registration District No. 5562

Registrar's No. 240

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural-Marion Township.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Route # 1, Carthage.  
(If not in hospital or institution, write street number or location)

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

In this community 2 Years.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural - Marion Township  
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1, Carthage.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Gertrude O. Snyder

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Floyd Snyder

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

7. Birth date of deceased July 15, 1907  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>5</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

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

12. Name Clifford Anderson,

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

14. Maiden name Jennie Saltors

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

16. (a) Informant Floyd Snyder

(b) Address Route # 1, Carthage, Mo.

17. (a) Burial (b) Date thereof Jan. 2, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Jan. 2, 1941 (b) E. J. McEntire, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30,  
year 1940 hour 6:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to Dec 1, 1940

that I last saw her alive on Dec 30, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Heart block

Due to Influenza

Due to Chronic myocarditis

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? 8105

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

23. Signature [Signature] (M. D. or other) 1

Address 616 Friess Bldg Date signed 12-31-40

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

19

**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.....

*Gene O'Quinn*, Registered Apprentice No. *253*  
working under my personal supervision.

Signed.....

*Eddie Lee*  
Licensed Embalmer No. *2222*

P. O. Address *Carthage*

**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, fact should be so stated above.**