

Registration District No. **556**

Primary Registration District No. **4329**

Registrar's No. **57**

1. PLACE OF DEATH:

(a) County **Mercer County**
 (b) City or town **Ravanna, 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 **No**
(Specify whether
 In this community **20 yrs**
years, months or days)

3. (a) PRINT FULL NAME **Lester E. Snyder**

3. (b) If veteran **No** name war
 3. (c) **No** Security No.

4. Sex **Male** race **White** 5. Color or
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Alma Snyder** 6. (c) Age of husband or wife if
 alive **41** years
 7. Birth date of deceased **Aug. 27, 1893**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 **2** **20** hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Daniel Snyder**

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

14. Maiden name **Varbuskirk**

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

16. (a) Informant **Mrs Lester Snyder**

(b) Address **Ravanna, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 20, 1940**
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation **burial**

18. (a) Signature of funeral director **None**

(b) Address **Prattville, Mo**

19. (a) **11/20-40** (b) **J. W. Berry**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mercer**
 (c) City or town **Ravanna**
(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.? **Native born** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** Day **17th**
 year **1940** hour **6** minute **40** p. M.

21. I hereby certify that I attended the deceased from **November 17th**
 19 **40** to **November 17th, 40**
 that I last saw him alive on **Nov. 17th, 1940** 19 ____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic coma**
 Duration **2 days**

Due to **Diabetes Mellitus** **54** **15 yrs**

Due to
 Other conditions **Valvular Heart Disease, Chronic**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy **None**
 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) **No**
 (b) Date of occurrence

(c) Where did injury occur? **No**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature **J. W. Berry** (M. D. or other) **M.D.**
 Address **Prattville, Mo** Date signed **11/20/40**

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

MOTHER FATHER

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Harold Smoot

Licensed Embalmer No. 2634

P. O. Address Quinton, Mo.

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.