

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4111 +

Registration District No. 775

Primary Registration District No. 6020-a

Registrar's No. 8

1. PLACE OF DEATH:

(a) County St. Francois Co
(b) City or town Booneville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Boone Tread Hospital
(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

3. (a) PRINT FULL NAME WILLIAM AUDYER SNYDER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mabel Mildred Snyder 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Feb 12 1902
(Month) (Day) (Year)

8. AGE: Years 38 Months 11 Days 9 If less than one day hr. _____ min. _____

9. Birthplace St. Francois Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter W.P.A.

11. Industry or business _____

12. Name William Snyder

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

14. Maiden name Mildred Pratte

15. Birthplace St. Francois Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Snyder

(b) Address R-1 Booneville Mo

17. (a) Burial (b) Date thereof Jan 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Memorial Park Booneville Mo

18. (a) Signature of funeral director St. Francois Memorial Co

(b) Address Booneville Mo

19. (a) 1-27-1941 (b) M. W. Hawkin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1941 hour 6 minutes 30 P. M.

21. I hereby certify that I attended the deceased from Dr. Inquest, 19 Jan. 22, 1941;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death jury verdict
The deceased came to his death at Farmington Mo Jan. 21, 1941 due to an unavoidable accident by falling off of a moving truck.

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

Major findings: Of operations _____

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) Accident 94

(b) Date of occurrence Jan. 21, 1941

(c) Where did injury occur? Highway 61 Farmington Mo
(City or town) (County) (State)

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

While at work? Yes (Specify type of place) (e) Means of injury Skull fracture

23. Signature Clarence Claywell (Name or other)

Address Booneville Mo Date signed 1/22/41

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

4
2
1

74
4
1

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.....

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

Signed *E. J. Caywell*
Licensed Embalmer No. 3706
P. O. Address Bonne Terre 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, above space should be left blank.