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

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FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15020

Registration District No. 470 Primary Registration District No. 5633 Registrar's No. 52

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 days (Specify whether

In this community 48 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

(c) City or town Bismarck (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 Irene Virginia Snyder

3. (b) If veteran, name war No

3. (c) Social Security No None known

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 27th (Month) 1912 (Day) (Year)

8. AGE: Years 28 Months 7 Days 7 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Adam Snyder
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Cora Rachel Lawless
15. Birthplace Cuba (City, town, or county) Missouri (State or foreign country)

16. (a) Informant E. McMichael' Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12 '41 (Month) (Day) (Year)

(c) Place: burial or cremation Mo. State San

18. (a) Signature of funeral director Fossett Funeral Home

(b) Address Mt. Vernon Mo.

19. (a) 4-3-1941 (Date received local registrar) (b) P. A. HOLMES (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3d year 1941 hour 10:00 minute a M.

21. I hereby certify that I attended the deceased from Feb 15, 1941 to April 3, 1941 that I last saw her alive on April 3 1941 and that death occurred on the date and hour stated above.

Immediate cause of death About Three Yrs. Duration

Pulmonary Tuberculosis

Due to

Due to

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? (Specify type of place)

While at work? (e) Means of injury

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

Address Mt. Vernon Mo. Date signed 4-3-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District No. 541-735
Date Filed MAY 7 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.