No. 2
11-10-39
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X21492

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

FILED JUN 3 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18436

Registration District No. 566 Primary Registration District No. 3030 Registrar's No. 60

1. PLACE OF DEATH:

(a) County MISSISSIPPI

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

(c) Name of hospital or institution: 402 WEST CLEVELAND ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI

(c) City or town CHARLESTON
(If outside city or town limits write "RURAL")

(d) Street No. 402 W. CLEVELAND
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ULYSSES E. SNYDER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife LUCINDA SNYDER

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased JULY (Month) 15, (Day) 1865 (Year)

8. AGE: Years 75 Months 9 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace KNOX COUNTY (City, town, or county) / INDIANA (State or foreign country)

10. Usual occupation RETIRED STAVE JOINER

11. Industry or business STAVE MILL

FATHER
12. Name ISAAC SNYDER
13. Birthplace [redacted] (City, town, or county) / INDIANA (State or foreign country)

MOTHER
14. Maiden name HARRIET WEIS
15. Birthplace KNOX COUNTY (City, town, or county) / INDIANA (State or foreign country)

16. (a) Informant WILL SNYDER
(b) Address NEW HARMONY, INDIANA R#2

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation SHAWNEETOWN, ILLINOIS

18. (a) Signature of funeral director LAIR-NUNNELEE
(b) Address CHARLESTON, MO

19. (a) 5-15-41 (Date received local registrar) (b) J S Vernon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 14TH
year 1941 hour 2 minute A M.

21. I hereby certify that I attended the deceased from 5/13, 1941, to 5/14, 1941;
that I last saw him alive on 5/13, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Aprical. Fibrill.	DK.
Due to	
Due to	
Other conditions: Enterocolitis (Include pregnancy within 3 months of death)	5da.

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) X
(b) Date of occurrence X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X (Specify type of place)
While at work? X (e) Means of injury

23. Signature E. Chas Lohring (M. D. ~~or other~~) O
Address Charleston, Mo Date signed 5/14/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 641-68
Date Filed 6/3/41

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 under~~ and
E. E. Nunnelee License #4164, ~~Registered Apprentice No.~~
working under my personal supervision;

Signed John F. Nunnelee Jr

Licensed Embalmer No. 385

P. O. Address Charleston

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

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