. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15745

Registration District No. 998 Primary Registration District No. 6058 Registrar's No. 22

99
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0

1. PLACE OF DEATH:

(a) County Scotland

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

(c) Name of hospital or institution: Mt Pleasant Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 99

(c) City or town Greensburg Rural
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Lola L. Snyder

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Raymon P. Snyder

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Dec 20 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Scotland Co (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business .....

FATHER
12. Name T. H. Crandall
13. Birthplace Scotland Co. Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Charlena Grout Crandall
15. Birthplace Scotland Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Morris Snyder
(b) Address Granger Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 15-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bible Grove

18. (a) Signature of funeral director Geo H Bassett
(b) Address Memphis Mo

19. (a) May 9 1942 (Date received local registrar) (b) Bernice Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 13
year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from August 12, 1940 to April 13, 1942
that I last saw her alive on April 12, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia	3 days
Due to Cardio-Renal Disease	3 yrs.
Due to Nephritis	3 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 107	
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 E. E. Gilfillan (M. D. or other) MD

Address Memphis, Mo. Date signed 4-21-42

1093

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-42-958
Date Filed MAY 12 1942

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 Fred Gutt

Licensed Embalmer No. 1029

P. O. Address Memphis M

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.