7. S. No. 2
M—9-4-41
v. 5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

27458 56

State File No.

FILED SEP 10 1942

Registration District No. 4858157 Primary Registration District No. 5565 5589 Registrar's No. 186

49 0 0

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

**1. PLACE OF DEATH:**

(a) County: Jasper

(b) City or town: Rural--Union Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / Route 3, Carthage
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community) Six Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Jasper

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

(d) Street No.: Route 3, Carthage
(If rural, give location)

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

If yes, name country: - - - -

49 0 0

3. (a) PRINT FULL NAME: Fern Evelyn Snyder

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Willis Snyder

6. (c) Age of husband or wife if alive: 34 years

7. Birth date of deceased: October (Month) 14 (Day) 1913 (Year)

8. AGE: Years 28 Months 10 Days 12 If less than one day hr. min.

9. Birthplace: unknown (City, town, or county) Washington (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: None

FATHER
12. Name: Alfred W. White
13. Birthplace: — (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Bertha Sharp
15. Birthplace: — (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Willis Snyder
(b) Address: Route 3, Carthage, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 28, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Arthur Cemetery

18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri

19. (a) Aug. 28 '42 (Date received local registrar) (b) Elizabeth Coupline (Registrar's signature)

1202

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 26 year 1942 hour 4 00 minute P. M.

21. I hereby certify that I attended the deceased from Jul 1 1942, to Aug 26, 1942; that I last saw her alive on Aug 26, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Fractured femur and other injuries when she walks into

Due to: turning hairy

Due to: Dementia senilis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 64.6

Of autopsy 30

Duration

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): Accident

(b) Date of occurrence: Aug 26 42 0749

(c) Where did injury occur? (City or town) Jasper (County) Mo (State)

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

While at work? (Specify type of place) and (e) Means of injury: Crashing in Cutter

23. Signature: C. M. Webster (M.D. or other)

Address: Carthage Mo Date signed: Aug 26 '42

(Licensed Embalmer's Statement on Reverse Side)

42-8-674

## 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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage 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.**