

FILED AUG 28 1942
 624

State File No. _____
 Registrar's No. 3

Registration District No. _____

Primary Registration District No. 4275

74
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Hopkins
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community 60 yrs
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Hopkins
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME George Sanford Snyder
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 13 day July
 year 1942 hour 7 minute P.M.
 21. I hereby certify that I attended the deceased from Jan 1942
6/13 1942
 that I last saw him alive on 6/13 1942
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced 3 divorced
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March - 25 - 1952
 (Month) (Day) (Year)

Immediate cause of death Senility
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Duration 54 yrs

8. AGE:
 Years 90 Months 3 Days 18
 If less than one day _____ hr. _____ min.

9. Birthplace Ross County Ohio
 (City, town, or county) (State or foreign country)
 10. Usual occupation Stock Buyer

11. Industry or business _____
 12. Name George W. Snyder
 13. Birthplace Ross County Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Ann Straightenburgh
 15. Birthplace New York New York
 (City, town or county) (State or foreign country)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy No autopsy
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant Charles W. Wood
 (b) Address Marionville Missouri
 17. (a) Burial (b) Date thereof 7-15-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hopkins Cemetery
 18. (a) Signature of funeral director Campbell Funeral Home
 (b) Address 951 South 9th Ave Marionville, Mo
 19. (a) 7/15/42 (b) O. H. Kayler
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature [Signature] (M. D. or other) MD
 Address Hopkins Date signed 7/1/42

AUG 3 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 William Campbell
Licensed Embalmer No. 5650
P.O. Address Manassas, Va.

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.)

I this body is not embalmed fact should be so stated above.