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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2990
State File No.

Registration District No. 251 Primary Registration District No. 5853 Registrar's No. 196

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Bedison, Mo. (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: - - - - - / Orch Inn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - - (Specify whether
In this community 16 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway
(c) City or town: Bedison (Rural)
(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 - - - - - - - 0

3. (a) PRINT FULL NAME: James B. Snyder
3. (b) If veteran, name war - - - - - - 3. (c) Social Security No. - - - -

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Bertha Snyder
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: August (Month) 16 (Day), 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
73	4	14	hr. - - min.

9. Birthplace: St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: None
FATHER
12. Name: James B. Snyder
13. Birthplace: (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name: Georgana Snyder
15. Birthplace: (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant: Bertha Snyder
(b) Address: Bedison, Missouri
17. (a) Buriak (Burial, cremation, or removal) (b) Date thereof: Jan. 3. 43 (Month) (Day) (Year)
(c) Place: Miriam Cem. Maryville Mo.
18. (a) Signature of funeral director: Price Funeral Home
(b) Address: Maryville Mo
19. (a) 1-12-43 (Date received local registrar) (b) Mary Cole (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1942 hour 10:30 minute A.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Decompensation from Chronic Valvular Heart Disease and Chronic Nephritis
Due to: Jaundice from Chronic
Due to: passive Congestion of liver

Duration

Other conditions (Include pregnancy within 3 months of death): 93 h

Major findings:
Of operations:
Of autopsy: Coroner's Inquest.

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature: W. R. Parker (M. D. or other)
Address: Maryville, Mo. Date signed 1-12-43

(Licensed Embalmer's Statement on Reverse Side)

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. W. T. Gee

Licensed Embalmer No. 2539

P. O. Address Maryville 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.