

FILED FEB 15 1943

Registration District No. **61**

Primary Registration District No. **4107**

Registrar's No. **1**

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

1. PLACE OF DEATH:

(a) County **CEGAR**

(b) City or town **EL DORADO SPRINGS**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **316 West Hickory, 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CEGAR**

(c) City or town **EL DORADO SPRINGS, MISSOURI**  
(If outside city or town limits, write "RURAL")

(d) Street No. **316 W Hickory**  
(If rural, give location)

(e) Citizen of foreign country?.....  
 If yes, name country.....

3. (a) PRINT FULL NAME **ALBERT M SNYDER**

3. (b) If veteran, name war **NONE**

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 **LOUISE S SNYDER**

6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased: **JAN 5 1868**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>74</b>	<b>11</b>	<b>29</b>	hr. min.

9. Birthplace **OHIO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer (Retired 5 yrs)**

11. Industry or business ~~On boat ship owning & charter man~~

12. Name **Soloman Snyder**

13. Birthplace **On ship crossing Atlantic Ocean from Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy A Coulter**

15. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs E F Perreault**

(b) Address **El Dorado Springs, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-6-1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **El Dorado Cemetery**

18. (a) Signature of funeral director **Quinn Siders**

(b) Address **El Dorado Springs, Mo**

19. (a) **1-7-43** (Date received local registrar) (b) **L. S. D. Mearns** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **4**  
 year **1943** hour **8** minute **20 P. M.**

21. I hereby certify that I attended the deceased from **June 18th** 19**42** to **Jan 4** 19**43**  
 that I last saw him alive on **Jan 4** 19**43**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **Arteriosclerosis**

Due to **83a**

Other conditions **83a**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy.....

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).....

(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) (a) - Means of injury

23. Signature **C. H. Underwirth** (M. D. or other) **DO**  
 Address **El Dorado Springs** Date signed **1-5-43**

RECEIVED

District Health Officer No: 7<sup>1</sup>

District File Number 1-43-146

Dist. H. Officer No. 2-80-43

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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

*O. B. Siders*

Licensed Embalmer No. 3250

P. O. Address

*Edwards Springs, 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.**