

35028

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
ED NOV 12 1943

Registration District No. 157

Primary Registration District No. 5585

Registrar's No. 192

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Rural - Madison Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route 1, Reeds, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Levi Elgan 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 widowed
 6. (b) Name of husband or wife Martha Melugin
 6. (c) Age of husband or wife if alive --- years
 7. Birth date of deceased June 21 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 19
 If less than one day hr. min.

9. Birthplace Grayson County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business --
 12. Name Jasper Snyder
 13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Riggs
 15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ira E. Snyder
 (b) Address Route 1, Reeds, Mo.

17. (a) Burial (b) Date thereof Oct. 12, '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arthur Cemetery

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

19. (a) Oct. 11 '43 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri Jasper
 (a) State Missouri (b) County Jasper
 (c) City or town Route 1
(If outside city or town limits, write "RURAL")
 (d) Street No. Reeds, Mo.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10
 year 1943 hour 3 minute 00 A.

21. I hereby certify that I attended the deceased from October, 1940, to Oct. 9, 1943;
 that I last saw him alive on Oct. 9, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bowel Duration 3 yrs.

Due to

Due to

Other conditions 468
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations

Of autopsy

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?

(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 Geo. H. Brazdon (M. D. or other) M.D.
 Address Reeds, Mo. Date signed 10/11/43

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

2873

1205

43-10-924

JAN 2 01944

JAN 24 1944

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..... Emmal Inell

Licensed Embalmer No. 291

P. O. Address..... Carhage N

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.