S. No. 2
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Y. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1944

Registration District No. 7949

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5616

State File No. 11319

Registrar's No. 160

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Rutledge "Rural" Colony Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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)
In this community .....

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo (b) County Knox

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

(d) Street No. north Colony Twp
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

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3. (a) PRINT FULL NAME ALEXANDER CLINTON 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 Leona Snyder

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 29 (Month) 29 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	9	27	..... hr. ..... min.

9. Birthplace West Virginia (City, town, or county) / (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name John Snyder
13. Birthplace Don8't Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Martin
15. Birthplace Don't know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Alexander Snyder
(b) Address Rutledge, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Pauline Cemetery

18. (a) Signature of funeral director Nell Northcutt
(b) Address Wyaconda, Mo

19. (a) March 4 1944 (Date received local registrar) (b) Nell Northcutt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1944 hour 11 minute A M.

21. I hereby certify that I attended the deceased from June 2 1943, 19..., to Feb - 26 1944 that I last saw h. alive on Feb - 26 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis. — Duration

Due to .....

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations 94a

Of autopsy .....

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? (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature E. S. Dennis (M. D. or other) DO
Address ..... Date signed 3/2/44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-44-646
Date Filed MAR 14 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 Geo V. Baskett

Licensed Embalmer No. 1817

P. O. Address Wyaconda, M

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.