

S. No. 2
1-8-43
5-17-39
P 1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28215

State File No.

FILED SEP 13 1944

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 94

1. PLACE OF DEATH:

(a) County LIVINGSTON
(b) City or town CHILLICOTHE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: COUNTY INFIRMARY 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 YEARS
(Specify whether years, months or days)
In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LIVINGSTON
(c) City or town CHILLICOTHE
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME TYLOR SCHNEIDER

3. (b) If veteran, name war 3. (c) Social Security No. NINE

4. Sex MALE 5. Color or race WHITE
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 3 8 hr. min.

9. Birthplace BEDFORD Mo
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMER

12. Name GEORGE T. SNYDER

13. Birthplace Phil Penn
(City, town, or county) (State or foreign country)

14. Maiden name SARAH ANN LAIR

15. Birthplace PHIL. PENN
(City, town, or county) (State or foreign country)

16. (a) Informant HARRIET ERICIDA CUNNINGHAM

(b) Address CORYDON IOWA

17. (a) Bureau (b) Date thereof 8-8-44
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hans Mo

18. (a) Signature of funeral director J. J. Mennelshagen

(b) Address Chillicothe Missouri

19. (a) Aug 8-44 (b) Lou Etha C... 1944
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6 year 1944 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from July 2 1944 to Aug 6 1944
that I last saw him alive on Aug 5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart disease
systemic hypertension
Due to arteriosclerosis

Duration

1 yr
13 wks

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

While at work? (Specify type of place) (2) Means of injury

23. Signature W. H. Russell (M. P. Seal)

Address Chillicothe Mo Date signed 8/7/44

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

9
1
2

MOTHER FATHER

458

(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, only

working under my personal supervision, Registered Apprentice No. _____

Signed E. P. Michael

Licensed Embalmer No. 1363

P. O. Address Prayer 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.