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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1945

Registration District No. 374

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10005

Primary Registration District No. 6273

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth

(b) City or town Rural, Fletchall Township
(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) 1

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

In this community 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Worth

(c) City or town Rural 113
(If outside city or town limits, write "RURAL")

(d) Street No. Grant City, Mo. 6
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Franville Ervin Snyder

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jamie M. Hill

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

7. Birth date of deceased Aug. (Month) 23 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	6	27	hr. min.

9. Birthplace Taylor (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name John Wesley Snyder

13. Birthplace Macomb (City, town, or county) Ill. (State or foreign country)

14. Maiden name Mary Kathryn Bowen

15. Birthplace Colchester (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Evelyn Snyder

(b) Address Grant City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-45 (Month) (Day) (Year)

(c) Place: burial or cremation Greer City Cem.

18. (a) Signature of funeral director Grah C. Dysinger

(b) Address Grant City, Mo.

19. (a) Mar. 2 1945 (Date received local registrar) (b) Wayne Rinehart (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 3 day 20

year 1945 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-10-45, 19..., to 3-20, 1945; that I last saw him alive on 3-20, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis as a complication of Influenza	2 wks.
Due to	
Due to	
Other conditions Influenza (Include pregnancy within 3 months of death)	3 Weeks.

Major findings:
Of operations ✓
Of autopsy no

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. D. Kress M.D. (M.D. or other)

Address Grant City Mo. Date signed 3-24-45

1945

(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 Josh C. Turpin

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.