

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1945
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20310**

Registration District No. **120**

Primary Registration District No. **4198**

Registrar's No. **54**

1. PLACE OF DEATH:

(a) County **Gentry**
(b) City or town **King City Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 Years.** (Specify whether years, months or days)
In this community **5 Years.**

3. (a) PRINT FULL NAME **Martin Vanburen Snyder**

3. (b) If veteran, name war **No.**
3. (c) Social Security No. **707070790**

4. Sex **Male** 5. Color or race **Cau.**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ruth.** 6. (c) Age of husband or wife if alive **50.** years
7. Birth date of deceased **Oct. 11. 1889.**
(Month) (Day) (Year)

8. AGE: Years **55** Months **7** Days **29**
If less than one day hr. min.

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

10. Usual occupation **R.R. Station agent.**

11. Industry or business **Same**

12. Name **John Snyder.**
13. Birthplace **Niffinbury Penn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah E. Thompson.**
15. Birthplace **Unknown.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ruth Snyder.**
(b) Address **King City Mo.**

17. (a) **Burial.** (b) Date thereof **6.13 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **King City Mo.**

18. (a) Signature of funeral director **H. G. Taggart**
(b) Address **King City Mo.**

19. (a) **June 18-1945** (b) **Harvey H. Webster**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Gentry.**
(c) City or town **King City.**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **June.** day **10.**
year **1945** hour **7** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **December 10, 1940** to **June 10, 1945**
that I last saw him alive on **June 10, 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **Failure of kidney**
Due to

Other conditions **520**
(Include pregnancy within 3 months of death)

Major findings: **kidney removed**
Of operations **December 1944**
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? (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)
(c) Means of injury
23. Signature **H. G. Taggart** (M. D. or other)
Address **King City, Mo.** Date signed **6/11/45**

1108

(Licensed Embalmer's Statement on Reverse Side)

OCT 14 1954

RECEIVED

District Health Officer No. 11,

District File Number.....

Date Filed.....

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

R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King 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.