S. No. 2
—8-43
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 JUN 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20847

Registration District No. 209 — Primary Registration District No. 3043 — Registrar's No. 157

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeths Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Miss ouri (b) County Marion
(c) City or town Palmyra (If outside city or town limits, write "RURAL")
(d) Street No. I02 W-Dickerson St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter Gray Snyder
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. 4th I890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	2	22	hr. min.

9. Birthplace Hancock County Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Attorney at law
11. Industry or business
FATHER
12. Name Geo. T. Snyder
13. Birthplace Hancock Co, Ill. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Kate Carsey
15. Birthplace Hancock Co. Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Gray Snyder
(b) Address I02 W-Dickerson St.
17. (a) Palmyra (Burial, ~~cremation or removal~~) (b) Date thereof 5-28-I945 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood cem. Palmyra, Mo
18. (a) Signature of funeral director A M Sprague
(b) Address Palmyra Mo.
19. (a) 6/2/45 (Date received local registrar) (b) Dr. C M Luckie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 26 day I945
year hour I minute 20 P M.
21. I hereby certify that I attended the deceased from April 13-45, 19, to May 26, 1948
that I last saw him alive on May 25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cirrhosis of Liver	6 mth
Due to	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other) MD
Address [illegible] Date signed

13 94 (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 A M Sprague

Licensed Embalmer No. 999

P. O. Address Palmyra 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.