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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED JAN 8 1945** STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1289**

1. PLACE OF DEATH:  
 (a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Mo. M.E. Hospital 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 Hrs.  
(Specify whether  
 In this community 9 Hrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Andrew  
 (c) City or town Amoyonia 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINTED FULL NAME Ronald Wayne Snapp  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 12 day 1  
 year 1945 hour 2 minute 00 A. M.  
 21. I hereby certify that I attended the deceased from 5:00 o'clock P.M.  
30th NOVEMBER 1945 to 2 A.M. 1 Dec. 1945  
 that I last saw him alive on 30th NOV. 1945  
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive X years  
 7. Birth date of deceased 11-30-1945  
(Month) (Day) (Year)

Immediate cause of death Premature  
 Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day /  
0 0 0 9 hr. 0 min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace St. Joseph mo 0  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation none

Major findings: Of operations 159  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Arby Ralph Snapp  
 13. Birthplace Holt County mo  
(City, town, or county) (State or foreign country)  
 14. Maiden name HAZEL PAUL BROWN  
 15. Birthplace RODAWAY mo 0  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Arby R. Snapp  
 (b) Address Amoyonia mo  
 17. (a) B. (b) Date thereof 12-1-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Amoyonia

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature Lilbert B. Talley (M. D. or other) md  
 Address Savannah, mo Date signed Dec 3 1945

18. (a) Signature of funeral director E. C. Breit  
 (b) Address Savannah mo  
 19. (a) Dec 3 1945 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

1428 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah

**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.**