

S. No. 2  
4-5-42  
5-17-39  
PI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

5282

FILED MAR 11 1946  
128

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. ....

Primary Registration District No. 2000

Registrar's No. 197

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Burge Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days** (Specify whether  
In this community **Lifetime** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Harry G. Snyder**  
3. (b) If veteran, name war **UNK.** 3. (c) Social Security No. **UNK.**

20. DATE OF DEATH: Month **25** day **Feb**  
year **1946** hour **6:02** minute **P** M.

21. I hereby certify that I attended the deceased from **13**  
**Feb** 19**46**, to **25 Feb** 19**46**  
that I last saw him alive on **25 Feb** 19**46**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Goldie Snyder** 6. (c) Age of husband or wife if alive **5-5** years  
7. Birth date of deceased **Jan. 12, 1890**  
(Month) (Day) (Year)

Immediate cause of death  
**Thrombosis Coronary**  
Due to **Myocarditis, Chronic & Acute**  
Due to **Nephritis Chronic Glomerular**  
**Diabetes Mellitus Mild**  
Other conditions (Include pregnancy within 3 months of death) .....

8. AGE: Years **56** Months **1** Days **13** If less than one day hr. .... min.

Major findings: Of operations **None**  
Of autopsy **41**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace **Republic (Rural) Mo. n**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business .....

MOTHER FATHER { 12. Name **Nicholas V. Snyder**  
13. Birthplace **UNK. Ohio 1**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Baker**  
15. Birthplace **UNK. Ohio 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Golda Snyder**  
(b) Address **Republic, Mo.**

17. (a) **Burial** (b) Date thereof **Feb. 27, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Evergreen Cem. - Republic**

18. (a) Signature of funeral director **R. E. Thurman, M.D. Co.**  
(b) Address **Republic Mo.**

19. (a) **Feb. 27, 1946** (b) **W. E. Handley**  
(Date received by registrar) (Registrar's signature)

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? .....

23. Signature **Newton Prokopen** (M. D. or other) .....

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

2  
4273

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**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, <sup>and</sup> or by E. H. Thurman, Registered <sup>Embalmer</sup> Apprentice No. 3687

working under my personal supervision.

Signed E. H. Thurman  
Licensed Embalmer No. 508  
P. O. Address Republic 388

**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.**