

**FILED JUN 11 1946**

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Fayette  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
405 West Davis St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Stella Lee Snyder

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irl Snyder

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 3, 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>2</u>	<u>21</u>	hr. <u>---</u> min.

9. Birthplace Johnson Co. Missouri / 0  
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business

12. Name James H. Lee

13. Birthplace Howard Co. Missouri / 0  
(City, town, or county) (State or foreign country)

14. Maiden name Florence Lowrey

15. Birthplace Johnson Co. Missouri / 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Irl Snyder

(b) Address 405 W. Davis Fayette, Mo

17. (a) Burial (b) Date thereof 5/26/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Armstrong Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette Missouri

19. (a) 5-28-1946 (b) Dorothy Fern Fisher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard / 45

(c) City or town Fayette / 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 405 W. Davis / 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th  
year 1946 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from Feb 1946 to May 24 1946  
that I last saw her alive on May 18 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure - Acute

Duration Stat.

Due to Chronic Myocarditis - Hypertension / 2 yrs.

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations none / 930

Of autopsy none

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?

While at work? (Specify type of place) (a) Means of injury 0

23. Signature Wm J. Shaw (M. D. or other) M.D.  
Address Fayette, Mo Date signed 5-27

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

15332

123

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-10-46

**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 Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.**