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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43599

Registration District No. 238 — Primary Registration District No. 5824 — Registrar's No. 185

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Rural Sta. Rt.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles South & E. Prairie
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME David Elehue Snyder
3. (b) If veteran, name war ✓
3. (c) Social Security No. 432-16-7284

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula Mae Snyder
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Sept (Month) 26 (Day) 1875 (Year)

8. AGE: Years 71 | Months 2 | Days 5 | If less than one day: hr. ____ min. ____

9. Birthplace Williamson Co. (City, town, or county) Illinois (State or foreign country)
10. Usual occupation farming
11. Industry or business ____

MOTHER FATHER
12. Name William Albert Snyder
13. Birthplace Williamson Co. (City, town, or county) Illinois (State or foreign country)
14. Maiden name Mary Ann Maze
15. Birthplace Hopkinsville (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Lula Mae Snyder
(b) Address East Prairie, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation W.O.W. East Prairie
18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie Mo.
19. (a) 1-11-47 (Date received local registrar) (b) Helen Faud Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1 year 1946 hour 1:20 minute P. M.
21. I hereby certify that I attended the deceased from July 1st, 1946, to Nov. 30, 1946, that I last saw him alive on Nov. 3, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	
Due to C. B. & Lung	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) ____	
Major findings: Of operations 1 2 D	
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 A. J. Martin (M. D. or other)
Address East Prairie Date signed 1/8/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 147-79
Date Filed 1-20-47

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.