No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 26 1947

Registration District No. 157

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5585

State File No. 17870

Registrar's No. 112

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town rural -- Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 3, Carthage
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3, Carthage
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country -------

3. (a) PRINT FULL NAME LAURA ETTA SNYDER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Wm. Edgar Snyder

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March (Month) 15 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	1	24	hr. min.

9. Birthplace Carthage (City, town, or county) Missouri (State or foreign country)

10. Usual occupation at home

11. Industry or business ------

FATHER
12. Name William L. Hawthorne
13. Birthplace unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Anna Wynn
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Wm. Edgar Snyder
(b) Address Route 3, Carthage, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 14 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Arthur Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri.

19. (a) 5-14-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1947 hour 2 minute 30 a.M.

21. I hereby certify that I attended the deceased from Mar 27, 1946, to May 9, 1947
that I last saw her alive on May 8, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic — Duration 2 yrs

Due to

Due to

Other conditions Arthritis deformans — 10 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause of 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 George H. Wood (M. D. or other)
Address Carthage Mo Date signed May 9 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-5-428

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 Robert H. Knell, Registered Apprentice No. 406, working under my personal supervision.

Signed Frank W. Knell Jr.

Licensed Embalmer No. 4440

P. O. Address Carthage

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.

No. 2B
1—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 4 1947

State File No. 1947

Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 19

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carterville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

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

3. (a) PRINT FULL NAME Wm A. Snyder
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased Aug 15 (Month) (Day) (Year)
8. AGE: Years 76 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) MO (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day 22 year 1947 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death — Duration
Due to Unknown Primary Carcoma
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 Orval L. Needels (M. D. or other) MD
Address Webb City Mo Date signed June 9 1947

SUPPLEMENTARY

17870