

No. 2
12-45
17-39
47070

Registration District No. 155 Primary Registration District No. 4244

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carterville
(c) Name of hospital or institution:
212 W. HALL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 31 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carterville
(If outside city or town limits, write "RURAL")
(d) Street No. 212 W. Hall
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Stephen Snyder
3. (b) If veteran, name war ✓
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 12
year 1947 hour 1:15 minute 0 M.
21. I hereby certify that I attended the deceased from May 9th
1947 to May 10 1947
that I last saw him alive on May 10 1947
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 Allie Jane Snyder 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased August 15, 1870
(Month) (Day) (Year)

Immediate cause of death Cardiac Failure
Due to Carcinomatosis
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
76 8 27 hr. min.

Major findings: Of operations none 55E
Of autopsy None
PHYSICIAN _____
ADDITIONAL SUPPLEMENTARY INFORMATION should be furnished if death was due to _____ charged statistically.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Contractor
11. Industry or business _____
12. Name Wm. Snyder
13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name No Data
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Allie Jane Snyder
(b) Address Carterville, Mo.
17. (a) Burial (b) Date thereof May 14 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cem.
18. (a) Signature of funeral director Wahl C. Lind C.
(b) Address Wahl C. Lind C.
19. (a) MAY 14, 1947 (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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)
(e) Means of injury 0
Signature Ernest J. Needles (M. D. or other) MD
Address Webb City, Mo. Date signed May 14, 1947

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

47-5-424

Dr. Meddels

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 Walter M. Johnston
Licensed Embalmer No. 4304
P. O. Address Webb City, 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.