V. S. No. 2
0M—8-43
ev. 5-17-39
P 1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21994

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 16

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town Appleton City mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ELLETT Hospital 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs (Specify whether years, months or days)
In this community 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Clair 93
(c) City or town Appleton City mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Wesley Snyder
3. (b) If veteran, name war None
3. (c) Social Security No 488-24-4250
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 31 (Day) 1898 (Year)
8. AGE: Years 49 Months X Days 11 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country) 9
10. Usual occupation mechanic
11. Industry or business
MOTHER FATHER
12. Name Leander R Snyder
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)
14. Maiden name Clory Cone
15. Birthplace (City, town, or county) Iowa 1 (State or foreign country)
16. (a) Informant Anna Lamkin
(b) Address Appleton City M
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Fidd's Chapple
18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City mo
19. (a) June 17-47 (Date received local registrar) (b) Mrs. Cleo Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1947 hour 11 minute P.M.
21. I hereby certify that I attended the deceased from 10 PM 12 June, 1947, to 11 PM 12 June 1947 that I last saw him alive on 12 June 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
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 (M. D. or other)
Address Appleton City Date signed 14 June 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-47-224
Date Filed 6-16-47
JAN 8 1948

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 on the 12th day of Jan. 1947, Registered Apprentice No. , working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Apperton 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.