S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 21 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37300

Registration District No. 47 — Primary Registration District No. 3008 — Registrar's No. 397

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Hours (Specify whether
In this community Four Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway 14
(c) City or town Fulton 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. # 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Miss Nettie Adella Snyder
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 25 (Day) 1872 (Year)

8. AGE: Years 75 | Months 0 | Days 11 | If less than one day hr. min.

9. Birthplace Greensburg (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name William Snyder
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)
MOTHER
14. Maiden name Elizabeth Wible
15. Birthplace (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant Mrs. Albert Adams
(b) Address Fulton, Missouri R.F.D.# 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest
18. (a) Signature of funeral director Wallace Funeral Home
(b) Address W 6th St. Fulton Missouri
19. (a) 11-8-1947 (Date received local registrar) (b) Josie Morrow Kroff 29 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1946 hour 1 9 minute 55 P. M.
21. I hereby certify that I attended the deceased from Covenant to 1941 to 6 Nov. 6 1947
that I last saw her alive on Nov 6 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Epidemic virus infection
Due to Arthritis Deformans of many years duration
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
59B

Duration

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 0
23. Signature R. N. Greene (M. D. or other)
Address Fulton Mo Date signed 8/7/1941

(Licensed Embalmer's Statement on Reverse Side)

District File Number

Date Filed 11-21-47

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 Walter J. Haines, Jr., Registered Apprentice No. 82, working under my personal supervision.

Signed Denzil P. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.