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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8466**

FILED MAR 16 1948

Registration District No. 122

Primary Registration District No. 4201

Registrar's No. 6

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Republic Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
-----No Hospital-----  
(If not in hospital or institution, write street name or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 50 years or more (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene **39**  
(c) City or town Republic  
(If outside city or town limits, write "RURAL") **5**  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Baker Snyder  
(b) If veteran, name war No  
(c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 4  
year 1948 hour 4 minute 30 P.M.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: January 21 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-4- 1948, to 3-4- 1948;  
that I last saw her alive on 3-0-48 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
87 1 13 hr. \_\_\_\_\_ min.

Immediate cause of death Heart disease & senility  
Due to Senility  
Due to \_\_\_\_\_

9. Birthplace Carl County Ohio  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name & Baker  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Baum  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
**95**

16. (a) Informant Ruth Snyder  
(b) Address Medford, Oregon  
17. (a) Burial (b) Date thereof 3/7/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Evergreen

22. If death was due to external causes, fill in the following:  
(c) 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? \_\_\_\_\_

18. (a) Signature of funeral director R. E. Thurman  
(b) Address Republic Missouri  
19. (a) Mar 7-1948 (b) Glenn Brittain  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature R. P. Trend (M.D. or other)  
Address Republic, Mo. Date signed 3-5-48

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

GREENE COUNTY HEALTH OFFICER,  
Special Agent, Bureau of the Census,  
SPRINGFIELD, MISSOURI.

RECEIVED  
Greene County Health Office,  
County File No. 48-3-27  
Date Filed 3-15-48

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.....

*John S. Tabb*, Registered Apprentice No. 85,  
working under my personal supervision.

Signed *R. E. Morrison*

Licensed Embalmer No. 502

P. O. Address *Republic 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.