No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 24 1948

Registration District No. 329

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4513

State File No. 11248

Registrar's No. 7

1. PLACE OF DEATH:
(a) County: Sullivan
(b) City or town: Green Castle
(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: Life

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

3. (a) PRINT FULL NAME: George Benjamin Snyder
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: M. D.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: M!
6. (b) Name of husband or wife: Nora Snyder
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: Sept. (Month) 1 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
79	6	13	hr. ____ min.

9. Birthplace: Adair Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ____
FATHER
12. Name: John Snyder
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah Jane Burchell
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Naomi Snyder
(b) Address: Green Castle Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3 (Month) 16 (Day) 1948 (Year)
(c) Place: burial or cremation: Green Castle
18. (a) Signature of funeral director: Glenn E Kent & Son
(b) Address: Green City Mo.
19. (a) 3/19-48 (Date received local registrar) (b) Laura Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1948 hour 2 minute P M.
21. I hereby certify that I attended the deceased from Aug 19 47, to March 14 19 48, that I last saw him alive on March 7 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis & decompensation — Duration: —
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): Diabetes Mellitus — 1 year
Arteriosclerosis
Major findings:
Of operations: 0
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: J. R. Mearter (M. D. or other)
Address: Bloomsburg Mo. Date signed: 3/17-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 3:48:5
Date Filed MAR 22 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~~ .....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green Lake Me

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.