

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17256

National Office of Vital Statistics
FILED MAY 25 1948
Registration District No. 294

Primary Registration District No. 4438

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Jacksonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Jacksonville
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William H. Snyder
3. (b) If veteran, name war.....
3. (c) Social Security No. 1

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 16
year 1948 hour 6 minute a. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nancy
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Jan 2nd 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April, 1946 to May 15th, 1948
that I last saw him alive on 15 May, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
78 4 10 hr. min.

Immediate cause of death Coronary Occlusion
Due to hypertension 2915
Due to Arteriosclerosis ?

9. Birthplace..... (City, town, or county) (State or foreign country) MO N

Other conditions..... (Include pregnancy within 3 months of death)

10. Usual occupation Retired

Major findings: Of operations gla

11. Industry or business.....

12. Name James Snyder

13. Birthplace Tenn (City, town, or county) (State or foreign country)

14. Maiden name Mary Farrar

15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. H. Snyder

(b) Address Jacksonville Mo

17. (a) Burial (b) Date thereof 5-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) 5-18-48 (b) Paul Skelton
(Date received local registrar) (Registrar's signature)

Of autopsy.....
PHYSICIAN
Underline the cause of 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 g

23. Signature John Haydock (M. D. or other) 2

Address Caers Mo Date signed 17 May 48

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

MOTHER FATHER

RECEIVED
District Health Officer No.
District File Number 5-48-917
Date Filed MAY 24 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 Frank B. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly

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.