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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH.

State File No. 33291
Registrar's No. _____

FILED NOV 12 1948
Registration District No. 156

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hr. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Clyde O. SNYDER

3. (b) If veteran, name was World War # 2 3. (c) Social Security No. 513-01-7211

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 30, 1906
(Month) (Day) (Year)

8. AGE: Years 42 Months 0 Days 22 If less than one day hr. min.

9. Birthplace Oswatomie Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Theatre Manager

11. Industry or business _____

12. Name Arthur Snyder

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

14. Maiden name One Aminta Marsh

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

16. (a) Informant Mrs Marie Otto

(b) Address Fort Scott, Kansas

17. (a) Removal (b) Date thereof Oct. 23, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Scott, Kansas

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address 305 West 4th St. Joplin, Mo.

19. (a) 10-27-48 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Bourbon
(c) City or town Ft Scott
(If outside city or town limits, write "RURAL")
(d) Street No. 317 South Holbrook Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd.
year 1948 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull Duration _____
Internal Hemorrhage

Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.
Accident

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 10/22/48

(c) Where did injury occur? Joplin Jasper Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, industrial place, in public place?
Public Place
(Specify type of place) (e) Means of injury _____

23. Signature [Signature] (Date signed) 10/25/48

Address 317 S Holbrook St Joplin Date signed 10/25/48

NOV 12 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 *Carl M. Dungey*

Licensed Embalmer No. *3566*

P. O. Address *Joplin 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.