No. 300
—10-47
5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 22 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35726

Primary Registration District No. 1000

Registrar's No. 1221

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 609 So. 15th St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community: 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan //
(c) City or town: St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No.: 609 So. 15th St. 7
(If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Talitha Snyder

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female /

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Ralph M. Snyder

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: March (Month) 28 (Day) 1863 (Year)

8. AGE: Years 85 | Months 7 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace: Unknown (City, town, or county) Ohio / (State or foreign country)

10. Usual occupation: At home

11. Industry or business: At home

FATHER
12. Name: Joseph Utz /
13. Birthplace: Unknown (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name: Mary
15. Birthplace: Unknown (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant: Arlie Snyder
(b) Address: St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.

19. (a) 11-18-48 (Date received local registrar) (b) H. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14 year 1948 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 19 July 1948, 19__ to 14 Nov. 1948, 19__; that I last saw her alive on 14 Nov. 1948, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Apoplexy	2 Days
Due to: Fracture Left Hip	4 Month
Due to: Senility	1 Yr.
Due to: Home	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Fracture Left Hip
None
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): Fracture Left Hip
(b) Date of occurrence: 17 July 48 13 /
(c) Where did injury occur: Home - St. Joseph, Buchanan, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? ____ (e) Means of injury: fall

23. Signature: [illegible] (M. D. or other)
Address: St. Joseph, Mo. Date signed: 15 Nov 48

(Licensed Embalmer's Statement on Reverse Side)

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 Danny O. Becker, Registered Apprentice No. 287, working under my personal supervision.

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address 3195 11th St. Joseph, 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.