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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 14 1948

Registration District No. 2073

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5920

State File No. 37567

Registrar's No. 86

1. PLACE OF DEATH:

(a) County: Perry

(b) City or town: Rural Union
(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: 47-9-17

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Perry 79

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Effie May Snyder

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex: Female 2

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 3

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

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

7. Birth date of deceased: Feburay (Month) 19 (Day) 1901 (Year)

8. AGE: Years 47 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation: House work

11. Industry or business

FATHER

12. Name: Emery Dunn 0

13. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)

MOTHER

14. Maiden name: Nittie Clifton

15. Birthplace: Perry Co. (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant: Elvadne Moon

(b) Address: 1116 E. Ninth St. Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Eureka Mo.

18. (a) Signature of funeral director: Young & Sons

(b) Address: Perryville Mo.

19. (a) 12-7-48 (Date received local registrar) (b) Jos J Zoellner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6 year 1948 hour 3 minute 40 P M.

21. I hereby certify that I attended the deceased from 1947, 19..., to 12/6, 1948; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Pulmonary	10 yrs
Due to: Tuberculosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 13B
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 2

23. Signature: C M Weedman (M. D. or other) Do

Address: Perryville Mo Date signed 12/7/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1248-1550

Date Filed 12-13-48

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.....

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

working under my personal supervision.

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.