

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3911

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>28</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis 56</u>					
b. CITY OR TOWN <u>Kennett, Mo.</u>		c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Belle</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Reddick</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Don Smith Mem. Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Reddick</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Washington</u> c. (Last) <u>Snyder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 16 49</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>3-15-1860</u>			
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>1</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lewis County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>United State</u>		
13a. FATHER'S NAME <u>William Henry Snyder</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth McKenzie</u>			14. NAME OF HUSBAND OR WIFE <u>Mary E. Meeker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				DUE TO (b) <u>Ex. interthoracic pt. fever</u>				<u>4 da.</u>	
ANTECEDENT CAUSES				DUE TO (c) <u>2 11</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>g 402</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>about home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>La Belle Knox Missouri</u>					
21d. TIME OF INJURY <u>Feb 2 1949 1:00 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>It slipped on ice</u>		<u>156</u>			
22. I hereby certify that I attended the deceased from <u>Feb 2, 1949</u> , to <u>Feb 16, 1949</u> , that I last saw the deceased alive on <u>2-16, 1949</u> , and that death occurred at <u>1:20 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Orleton T. Engle, Jr. M.D.</u>				23b. ADDRESS <u>1 Kirkwood, Missouri</u>		23c. DATE SIGNED <u>Feb 18, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>2/19/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Belle Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>La Belle, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-21-49</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. ...</u>		ADDRESS <u>La Belle, Mo.</u>			

RECEIVED

District Health Officer No. 10

District File Number 2-49-38

Case File FEB 28 1949

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.....

myself.

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *J. L. ... Jr.*

Licensed Embalmer No. 4328

P. O. Address Labille, 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.