

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29682

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

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>4134</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u> Residence			
b. CITY (If outside corporate limits, write RURAL and give township) <u>SMITHVILLE</u>		c. LENGTH OF STAY (In this place) <u>1 YEAR</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SMITHVILLE, R.F.D.</u> <u>24</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>SMITHVILLE COMMUNITY HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>4 Miles Southeast Smithville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LARRY</u>		b. (Middle) <u>DUANE</u>		c. (Last) <u>SNYDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 2, 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JULY 25, 1941</u>		9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME--SCHOOL</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>LOWERY CITY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DAVID SNYDER</u>		13b. MOTHER'S MAIDEN NAME <u>NOMA S. BALDWIN</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. CHAD POPE, SMITHVILLE, MO.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture - severe cerebral concussion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5843</u> <u>46</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Smithville Clay Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 30 1949 4P.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>Fell off of 2 ladders. 24</u>			
22. I hereby certify that I attended the deceased from <u>Aug 30, 1949</u> , to <u>Sept 2, 1949</u> , that I last saw the deceased alive on <u>Sept 2, 1949</u> , and that death occurred at <u>9:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E.P. Hobbs</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Smithville, Mo</u>		23c. DATE SIGNED <u>9-27-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9/4/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F. CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>SMITHVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 4-49</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McCombs Funeral Home Smithville, Mo</u>			

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District Health Officer No. 8,

District File Number

Date Filed 9-21-49

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

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed S. A. McComas

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.