

No. 2
5-17-39
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FILED OCT 14 1942

Registration District No. 316

Primary Registration District No. 6073

Registrar's No. 49

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

1. PLACE OF DEATH

(a) County St. Francois

(b) City or town Rural Perry Twnshp
(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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

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

(d) Street No. Bonne Terre, Mo. R.F.D. #1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Orville Clarence Snyder

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd
year 1942 hour 1 minute 00 pm. M.

21. I hereby certify that I attended the deceased from investigation
that last Sept 3rd on Sept 3rd 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: January 29 1893
(Month) (Day) (Year)

Immediate cause of death: acute myocarditis

Due to Rupture and complications

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

8. AGE: Years 49 Months 7 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace: Bonne Terre MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John H. Snyder

13. Birthplace St. Francois Co., MO
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Vandiver

15. Birthplace St. Francois Co., MO
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John H. Snyder

(b) Address Bonne Terre, Mo. R.F.D.

17. (a) Burial (b) Date thereof 9-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marvin Chapel

18. (a) Signature of funeral director Benham Und. Co.

(b) Address Bonne Terre Mo.

19. (a) Sept 8, 1942 (b) Burdie Bukhmaster
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature J. E. McDermott (M.D. or other) _____
Address 100 Church St Date signed 9-3-42

RECEIVED

District Health Officer No. 4
District File Number 1042-1237
Date Filed 10-13-42

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 Elean Province, Registered Apprentice No. _____

working under my personal supervision.

Signed Elean Province

Licensed Embalmer No. 3403

P. O. Address Bonne Terre, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31249

Registration District No. 316

Primary Registration District No. 6073

Registrar's No. 49

1. PLACE OF DEATH:

(a) County St Francois
(b) City or town Rural - RFD #1 Bernhart
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #1
(If rural, give location)
(e) Citizen of foreign country? (If yes, name country)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Year 1942 hour 10 minute 0 M.
21. I hereby certify that I attended the deceased from Jan 29, 1942; that I last saw him alive on, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration
Due to Rupture of Ao
Complications
Other conditions Rupture was very
Malignant and
Major findings: severe Extremely enlarged PRECISE CAUSE OF DEATH
Of autopsy Double Rupture 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? _____ (c) Means of injury _____
23. Signature J. E. M. Donald et al (M. D. or other) _____
Address Bonne Terre Mo Date signed 10/26/42

3. (a) PRINT FULL NAME Orville C. Snyder
3. (b) If veteran, name war No 3. (c) Social Security No. No
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Jan 29 (Month) (Day) (Year)
8. AGE: Years 49 Months 7 Days _____ If less than one day _____ min.
9. Birthplace Bonne Terre Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business _____
12. Name J. H. Snyder
13. Birthplace St Francois Mo (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Vandiver
15. Birthplace St Francois Mo (City, town, or county) (State or foreign country)
16. (a) Informant J. H. Snyder
(b) Address RFD #1 Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 6 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Chapel
18. (a) Signature of funeral director Bernham Hughes
(b) Address Bonne Terre Mo
19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

SUPPLEMENTARY

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

MOTHER FATHER

