CERTIFICATION OF VITAL RECORD

KANKAKEE COUNTY, ILLINOIS

8

28998

1940 Revision

V.S. No. 5

STATE OF ILLINOIS
DWIGHT H. GREEN, Governor
DEPARTMENT OF PUBLIC HEALTH

COUNTY CLERK'S RECORD

CERTIFICATE OF DEATH

Registered No. 8

1. PLACE OF DEATH. County of Kankakee. Registration Dist. No. 457.
Kankakee (Village—Township—City—Road Dist.) Primary Dist. No. 3324.
*(Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. address.)
Street and Number, No. ____ St., Ward, St Mary's Hospital.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? — yrs. — mos. 2 ds.

2. PLACE OF RESIDENCE: STATE Illinois County Kankakee Township Aroma Road Dist.
(Usual place of abode) City or Village ____ Street and Number ____

18. LIST NO.

3 (a) FULL NAME Herman M. Snyder

3 (b) If veteran, name war No
3 (c) Social Security No. 713-18-0949
4. Sex Male
5. Color or race White
6 (a) Single, widowed, married, divorced Married
6 (b) Name of husband or wife Alura B. Snyder
6 (c) Age of husband or wife if alive 57 years.
7. Birth date of deceased December (Month) 25 (Day) 1882 (Year)
8. AGE: Years 62 Months 0 Days 13 If less than one day ____ hr. ____ min.
9. Birthplace Woodward (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Retired
11. Industry or business N.Y.C. Railroad
FATHER 12. Name John C. Schneider
FATHER 13. Birthplace Unknown (City, town, or county) France (State or foreign country)
MOTHER 14. Maiden name Catherine Attig
MOTHER 15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. INFORMANT Robert B. Snyder (personal signature with pen and ink)
P. O. Address Kankakee, Illinois
17. PLACE OF BURIAL Cremation or Removal (a) Cemetery Md Grove (b) DATE Jan. 11 1945
Location Kankakee (Township—Road Dist.—Village or City)
County Kankakee State Illinois
18. Funeral director John Schreffler (personal signature with pen and ink) ADDRESS Kankakee, Ill
Phillips & Friday & (firm name, if any) License No. 6781
Schreffler

MEDICAL CERTIFICATE OF DEATH

20. Date of death: Month January day 8 year 1945 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from August 25, 1942, to January 8, 1945; that I last saw him alive on January 8, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	1 mo.
Due to: Pyelitis & Cystitis	3 yrs
Due to: Bladder Stone & Diverticulum	3 yrs 10 yrs
Other Conditions (Include pregnancy within 3 months of death)	

22. Was an operation performed? Yes Date of 11/20/44
For what disease or injury? Bladder Stone
Was there an autopsy? No
Findings? ____
23. If a communicable disease; where contracted? ____
Was disease in any way related to occupation of deceased? No
If so, specify how? ____
24. (Signed) E. S. Hamilton M. D.
Address Kankakee, Illinois
Date January 10, 1945 Telephone 374

All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.

25. Filed January 10, 1945 Ralph B. Farmer Registrar.
P. O. Address Kankakee, Ill.

NOTE: Local Registrars must make on this form a complete and accurate copy of the Original Certificate, and forward this copy to County Clerk on 10th day of each month. Omissions or abbreviations must not be made. Local Registrars must not issue this form to Funeral Directors, Physicians or others, but must use it only for preparing County Clerk's (or Local Registrar's) Copies.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

58462—50M—1-44)

SEAL

CERTIFIED COPY OF VITAL RECORDS

STATE OF ILLINOIS)
COUNTY OF KANKAKEE) SS

DATE ISSUED 3-6-96

I, Bruce Clark, Kankakee County Clerk, do hereby certify that this document is a true and correct copy of the original record which is on file in the office of the County Clerk, Kankakee County, Kankakee, Illinois.

Bruce Clark

BRUCE CLARK
COUNTY CLERK

Not valid without the embossed seal of Kankakee County

SEAL OF THE STATE OF ILLINOIS AUG 26TH 1818

THE COUNTY OF KANKAKEE STATE OF ILLINOIS

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE