

REC'D MAR 4 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

5878

Do not use this space.

944

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Jean Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. W. C. Gen'l Hosp St.  
 (If death occurred in hospital or institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

William Snyder 536  
 (a) Residence, No. 2939 Forest St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W. Snyder  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1878  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 11 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W.L.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER 13. NAME Ben Reely  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Don't know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) James W. Snyder

18. BURIAL, CREMATION, OR REMOVAL PLACE Wood Hills DATE 3-1-1938

19. FUNERAL DIRECTOR (ADDRESS) Truman Mortuary  
104 W 42nd St KC Mo

20. FILED 728 38th St. Grove  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1938, to 2-26, 1938

I last saw him alive on 2-26, 1938 Death is said

to have occurred on the date stated above, at 9:25 am

The principal cause of death and related causes of importance were as follows:

Carcinoma of ovary  
with generalized metastases  
 Date of onset

Other contributory causes of importance: 49

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify

(Signed) P. F. De Maria, M. D.  
 (Address) Superior Gen'l Hosp

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

**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.)**