

APR 12 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Newbern Hotel Room # 619
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution: 4 Months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Clara Norfolk Snider

3. (b) If veteran, name war None 3. (c) Social Security No. Nona

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Emmett L. Snider 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January 29 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Charleston Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

MOTHER FATHER { 12. Name Henry Norfolk
13. Birthplace Charleston Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Charleston Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Emmett L. Snider
(b) Address Newbern Hotel

17. (a) Burial (b) Date thereof Mar. 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial/cremation Forest Hill Cemetery

18. (e) Signature of funeral director D. H. Newcomer

(b) Address Kansas City, Mo.

19. (a) Mch 7, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Dupage
(c) City or town Hinsdale
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 5th
year 1940 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from 11/2/39
1940, to 3/5 1940,
that I last saw her alive on 3/6 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach.

Due to Cannot say.

Due to _____

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

Major findings: Of operations None.

Of autopsy None.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury !

23. Signature Clara Snider (M. D. or other) !
Address 1215 Rio Alto Bldg. Date signed 3/6/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

