

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5851

State File No. _____

623

FILED MAR 14 1941

Registration District No. 299

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hours
(Specify whether
In this community 35 Years
years, months or days)

8. (a) PRINT FULL NAME MRS. Leda C. Snider
8. (b) If veteran, name war None
8. (c) Social Security No. None

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

6. (b) Name of husband or wife Albert L. Snider
6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased October 26 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 3 15 hr. min.

9. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

12. Name John L. Mosiman

13. Birthplace Unknown Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Herler

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant A. L. Snider

(b) Address 2451 Denver Ave.

17. (a) Burial (b) Date thereof Feb. 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director O. H. Neumann
(b) Address 1401 Brush Creek Blvd.

19. (a) 7/11/41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2451 Denver Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 10 year 4/6 hour 5 minute 00 M.

21. I hereby certify that I attended the deceased from Crown to Crown, 1941;

that I last saw him alive on 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Mitral Insufficiency
Mitral Stenosis
Acute Pulmonary Edema

Due to Chronic Mitral Insufficiency
Mitral Stenosis
Acute Pulmonary Edema

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Mitral Stenosis
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Due to Chronic Mitral Insufficiency
Mitral Stenosis
Acute Pulmonary Edema

Other conditions Chronic Mitral Insufficiency
(Include pregnancy within 3 months of death)

Major findings: Chronic Mitral Insufficiency
Of operations Chronic Mitral Insufficiency

Of autopsy Chronic Mitral Insufficiency

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence Feb. 12, 1941

(c) Where did injury occur? 2451 Denver Ave. (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 2451 Denver Ave.

23. Signature M. M. Crown (M. D. or other) 3/10/41

Address 2451 Denver Ave. Date signed 3/10/41

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

MOTHER FATHER

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K-C 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, above space should be left blank.