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FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13702

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1683

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:
1115 West 38th Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 45 years
(Specify whether years, months or days)
 In this community 45 years

3. (a) PRINT FULL NAME Joseph Snyder
 (b) If veteran, name war No
 (c) Social Security No. No

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

6. (b) Name of husband or wife Hetty Snyder
 6. (c) Age of husband or wife if alive 1938 years

7. Birth date of deceased: June 24 1968
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 2
 If less than one day hr. — min. —

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

10. Usual occupation Artist (painter)

11. Industry or business Don't Know

12. Name Don't Know

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

14. Maiden name Thersia

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

16. (a) Informant Mary Floyd

(b) Address 1115 West 38th Street

17. (a) burial (b) Date thereof 4/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director R. V. Lindsey & Sons

(b) Address 3811 Broadway

19. (a) Apr 28 1941 (b) M. M. Crowe
(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. 1115 West 38th Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 26 day 26
 year 1941 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from 1938
1938, to Apr 26, 1941;
 that I last saw him alive on Apr 25, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
 Duration 2 wks

Due to Arterio-sclerosis 10 yrs

Due to Stroke 10 yrs ago
(Include pregnancy within 3 months of death)

Other conditions Stroke 10 yrs ago

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? —

Major findings:
 Of operations None
 Of autopsy None

23. Signature E. W. Shushur (M. D. or other)
 Address 900 Riatts Bldg NCM Date signed 4-27-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

W. Hester
425 - W - 49th Ave

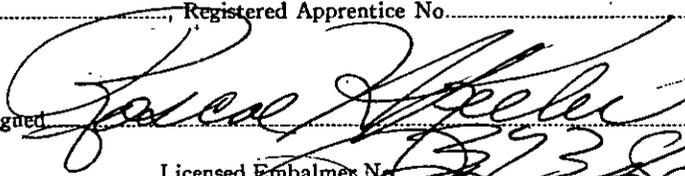
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 3738

P. O. Address.....

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.