

FILED FEB 11 1942  
 377

Registration District No. 377

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:  
524 W. 39th Terrace /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community 26 years  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 31  
 (If outside city or town limits, write "RURAL") 8  
 (d) Street No. 524 W. 39th Terrace  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Ann McKee Snelling

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

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

6. (b) Name of husband or wife B. F. Snelling 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased September 29 1852  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	3	28	hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name James A. Head  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

14. Maiden name Ann Rebecca McKee  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rebecca Parker  
 (b) Address Manhattan, Kansas

17. (a) Removal (b) Date thereof 1-29-1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Raymore, Missouri

18. (a) Signature of funeral director Freeman Mortuary  
 (b) Address Kansas City, Mo.

19. (a) 1/29/42 (b) M. M. Crow  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28 27  
 year 1942 hour --- minute --- M.

21. I hereby certify that I attended the deceased from Jan. 14 1942 to Jan. 28 1942  
 that I last saw her alive on Jan. 29 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocardial infarction  
chronic nephritis  
arterio-sclerosis  
old age

Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations.....  
 Of autopsy.....

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 [Signature] (M. D. or other) 0  
 Address 80th & Paseo Date signed 1/29/42

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

MOTHER FATHER

*2-5-19*  
*802*  
*St. James*

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**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.....

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.**