

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4460  
Registrar's No.

FILED NOV 1 1943 49  
Registration District No.

Primary Registration District No. 002

1. PLACE OF DEATH:

(a) County JACKSON  
(b) City or town KANSAS CITY  
(c) Name of hospital or institution: GENERAL HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days) 16 yrs  
In this community Ernest E. Snyder

3. (a) PRINT FULL NAME

Ernest Snyder

3. (b) If veteran, name war NO

3. (c) Social Security No. 487-09-4747

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, 2 divorced WIDOWED

6. (b) Name of husband or wife DAISEY 6. (c) Age of husband or wife if alive years

7. Birth date of deceased JAN 8 - 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 9 10 hr. min.

9. Birthplace (City, town, or county) (State or foreign country) Dec 1

10. Usual occupation Night Watchman

Industry or business Charles Mullins Co.

11. Name Francis M. Snyder

12. Birthplace (City, town, or county) (State or foreign country) Ohio

13. Maiden name Martha Armstrong

14. Birthplace (City, town, or county) (State or foreign country) Ill

16. (a) Informant Mrs. Mary Smith

(b) Address 744 N. Garland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Chapel

18. (a) Signature of funeral director Chas B. Brown

(b) Address K.C. Mo.

19. (a) 10-20-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 744 N. GARLAND  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1943 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from Courier to 19;

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Injury due to fall Duration

Fracture of 5th thoracic

Due to vertebrae of 5th & 6th lumbar

fracture - Bilateral hemiparesis

Due to Multiple ulcers of stomach

Other conditions (Include pregnancy within 3 months of death) 1860

Major findings: Of operations As noted above

Of autopsy As noted above

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

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

(b) Date of occurrence 10-15-43 12:30

(c) Where did injury occur? K.C. Jackson Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
About home fell from tree  
(Specify type of place) (Specify means of injury)

23. Signature C. E. Brown (M. D. or other)

Address K.C. Mo. Date signed 10-14-43

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

**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

*Peter B. Lapointe*

Licensed Embalmer No. *4273*

P. O. Address *KC 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, fact should be so stated above.**

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Illinois }  
County of McLean } ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 33953  
Local Registrar's No. 4460

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 20th day of May, 1946, before me appears  
Mrs. Hazel Vi McClintock, who, upon her oath, states that the original record of ~~birth~~ death  
for Ernest Snider died October 18, 1943, 1943, in the State of  
Missouri, and which was filed at K. C., Mo. on 10/20/43, 1943, should be corrected as follows:

Item No. 3(a) should read Ernest E. Snyder

Instead of Ernest Snider

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Hazel Vi McClintock Snyder  
Relationship.

704 Dale St., Normal, Illinois  
Present Address.

Subscribed and sworn to before me this 20th day of May, 1946

My Commission expires May 26, 1949. Ruth Albee Notary Public.

