

FILED SEP 7 1944

Registration District No. 1944

Primary Registration District No. 1002

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

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: Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 mos.  
(Specify whether years, months or days) 16 years

3. (a) PRINT FULL NAME MRS. ESSIE CORINE SNIDER

3. (b) If veteran, name war none 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 James H. Snider 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased September 19-1887  
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 28 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business At Home

12. Name Robert Lee Smith

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

14. Maiden name Amanda Christy

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

16. (a) Informant Mrs. Luring J. Smith

(b) Address Salina Kansas

17. (a) Cremation (b) Date thereof Aug 20, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O. H. Newcomer's

18. (a) Signature of funeral director O. H. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-19-44 (b) T. E. Brown (U3)  
(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. 4543 Main  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17  
year 1944 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from 8/17/44 to 8/18/44  
that I last saw her alive on 8/16/44  
and that death occurred on the date and hour stated above.

Immediate cause of death Deep perforating Lung abscess - Non Tbc  
Due to Perforation of the bowel (large)  
Due to (NMO)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations As above

Of autopsy As above

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 John H. Walker (M. D. or other)  
Address 130 Bryn C. Bldg. Date signed 8/19/44

12-1-1914

12-1-1914

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 W. Calhoun*.....  
Licensed Embalmer No.....*3506*.....  
P. O. Address.....*K C M*.....

**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.