V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40361

FILED JAN 4 1945

Registration District No. 1909

Primary Registration District No. 1002

Registrar's No. 55184

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: 410 North Drury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 45 yrs

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.: 410 N Drury
(If rural, give location)
(e) Citizen of foreign country? ~~[illegible]~~ No (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: Ella M. Snavely
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Fe
5. Color or race: wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John C Snavely
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: Oct. (Month) 30 (Day) 1870 (Year)

8. AGE: Years 74 | Months 1 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace: Macon (City, town, or county) Mo (State or foreign country)
10. Usual occupation: at Home
11. Industry or business: ____
MOTHER FATHER
12. Name: John McDaniel
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
14. Maiden name: Barbara Fuller
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: John C Snavely Husband
(b) Address: 410 N Drury
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-22 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: Mrs. C. E. Fowler
(b) Address: Kansas City, Mo.
19. (a) 12-20-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20 year 1944 hour 3 minute 45 A.M.
21. I hereby certify that I attended the deceased from April 21, 1943, to December 18, 1944; that I last saw her alive on December 18, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to: Acute uremic poisoning	
Due to: N. Mo.	
Other conditions (Include pregnancy within 3 months of death): 108	

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No external cause
(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: Jo S. Bridin (M. D. or other)
Address: 1215 Rialto Building Date signed 12/20/44

(Licensed Embalmer's Statement on Reverse Side)

J. S. Snider

Wilcox 10 30 Rialto 906 Trand

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 J. A. Herrick

Licensed Embalmer No. 3599

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, fact should be so stated above.