

**FILED APR 23 1945**

Registration District No. 2549

Primary Registration District No. 1002

Registrar's No. 1627

**1. PLACE OF DEATH:**

(a) County JACKSON

(b) City or town JACKSON  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
141 30 ELMWOOD AVE,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 YEARS (Specify whether years, months or days)

In this community, years, months or days 35 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY HARRY MOORE SNAPP

3. (b) If veteran, name war NO

3. (c) Social Security No. 44-043-9210

4. Sex MALE 5. Color WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MILDRED SNAPP 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased JULY 7 1879  
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 0 If less than one day hr. min.

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

10. Usual occupation SNAPP MAKING CO.  
Industry or business OWN BUSINESS  
Name WILLIAM E. SNAPP

11. Birthplace CHAMPAIGN, ILLINOIS  
(City, town, or county) (State or foreign country)

12. Maiden name WOTTIE M. MOORE  
Place PLYMOUTH, OHIO  
(City, town, or county) (State or foreign country)

(a) Informant Mrs. Mildred Snapp  
(b) Address 141 S Elmwood Ave

17. (a) BURIAL (b) Date thereof APR 10 1945  
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation MT. WASHINGTON CEM.

18. (a) Signature of funeral director W. H. Newcomer  
(b) Address 1401 BRUSH CREEK BLDG

19. (a) 4-10-45 (b) Seraldine  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County JACKSON

(c) City or town JACKSON  
(If outside city or town limits, write "RURAL")

(d) Street No. 141 SO. ELMWOOD AVENUE  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month APRIL day 7TH  
year 1945 hour 11 minute 08 M.

21. I hereby certify that I attended the deceased from Feb 6 - 14th April 1945  
that I last saw him alive on April 5 4:55  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage - 15 min.  
Hypertensive

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 83a  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) None

(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? \_\_\_\_\_

3. Signature W. H. Newcomer  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
(City or town) (County) (State) (Date of death)

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

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

MOTHER FATHER  
COUSIN  
SISTER

*Original Body*

*1154*

*H*

**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

*Edward H. Heston*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

**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.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Jackson } ss.

State File No. 12499.115  
Local Registrar's No. 1627

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2nd day of May, 1945, before me appears Mrs.  
Verda Mildred Snapp, who, upon her oath, states that the original record of birth  
for her husband who died April 7, 1945, in the State of  
Missouri, and which was filed at Kansas City on 4-10, 1945, should be corrected as follows:

- Item No. 3 should read Harry Moore Snapp  
Instead of Henry Moore Snapp
- 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 Verda M. Snapp Wife  
Relationship  
1411 S. Elmwood, K.C. Mo.  
Present Address.

Subscribed and sworn to before me this 2nd day of May, 1945.

My Commission expires My Commission Expires April 27, 1945  
W.M. Lynn Notary Public.

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

