

PREP JUL 3 1945

Registration District No. 149

Primary Registration District No. 1002

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: LAKESIDE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
(Specify whether weeks, months or days)
In this community Unknown

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. 3001 TROOST AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO
If yes, name country

3. (a) PRINT FULL NAME MRS BENA M. SNYDER

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 DIVORCED
6. (b) Name of husband or wife MR. WILLIAM SNYDER 6. (c) Age of husband or wife If alive, years 15
7. Birth date of deceased NOVEMBER 15 1930
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 1 If less than one day hr. min.

9. Birthplace PARIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation SALES LADY

11. Industry or business COLUMBIA CARBON & RIBBON CO

12. Name ELI C. PATRICK

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

14. Maiden name ANNA HAMILTON

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

16. (a) Informant MRS JOHN H. CARROLL

(b) Address 5218 CHADWICK ROAD K.C. KANSAS

17. (a) BURIAL (b) Date thereof JUNE 19 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SHELBY MISSOURI

18. (a) Signature of funeral director D. M. Newcomer

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 6-19-45 (b) Geraldine Helmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 16th
year 1945 hour 8 minute 05 P.M.

21. I hereby certify that I attended the deceased from May 14th 1945, to June 16th 1945
that I last saw her alive on June 16th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Toxicosis of Excretion - due to Intentional Abstinence - 6 days
Due to Hernias (3) Ventral 2 years
Due to previous operations 2 1/2 years ago

Other conditions Strangulated gangrenous Bowel (Include pregnancy within 3 months of death) Bowel
Major findings: Strangulated gangrenous Bowel - massive adhesions.
Of autopsy

Duration 38 days

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) ✓
(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?
(Specify type of place) (e) Means of injury

23. Signature D. C. G. Simille M.D. 20.0.
Address 612 Chamberlayne Date signed 6-18-45

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

6/12
J. J. W.

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 *H. C. Newcomer*

Licensed Embalmer No. *4043*

P. O. Address *H. 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2616

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Manassas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lakeside Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
(Specify whether
 In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
 (c) City or town
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Senia Mae Snyder
 3. (b) If veteran, name war
 3. (c) Social Security No. 495-05-0327

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June Day 16 Year 1945 hour minute M.
 21. I hereby certify that I attended the deceased from 19.....
 that I first saw him/her alive on 19.....
 and that death occurred on the date and hour stated above.
(Immediate cause of death)

4. Sex 5. Color or race
 6. (a) Single, widowed, married, divorced
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased (Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day min.

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

9. Birthplace (City, town, or county) (State or foreign country)
 10. Usual occupation
 11. Industry or business
 12. Name
 13. Birthplace (City, town, or county) (State or foreign country)
 14. Maiden name
 15. Birthplace (City, town, or county) (State or foreign country)

Major findings:
 Of operations
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant
 (b) Address
 17. (a) (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)
 (c) Place: burial or cremation
 18. (a) Signature of funeral director
 (b) Address
 19. (a) 6-19-45 Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)
 While at work? (e) Means of injury
 23. Signature (M. D. or other)
 Address Date signed

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

SUPPLEMENTARY

19696