. No. 2
-12-45
5-17-39
1 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5080

State File No.

Primary Registration District No. 1002

Registrar's No. 781

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: General Hsopital # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community Unknown
(Specify whether years, months or days)

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. 512 Woodland
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Snider, Charles
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 11 (Month) - 4 (Day) - 1881 (Year)

8. AGE: Years 65 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Farm Hand
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Herman E Burch
(b) Address Olathe, Kans.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Olathe, Kans.
18. (a) Signature of funeral director H E Luben Co.
(b) Address Olathe, Kans.
19. (a) 2-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19
year 1947 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from February 11, 1947 to February 19, 1947 that I last saw him alive on February 19, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bilateral far advanced fibral caseous tuberculosis	
Due to: with cavitation	
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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)
While at work? (e) Means of injury

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. # Date signed 2-20-47

(Licensed Embalmer's Statement on Reverse Side)

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 Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address Olathe Kans.

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.

No. 2
I—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 8 1947

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 784

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: General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, 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. 512 Woodland (If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No) If yes, name country _____

3. (a) PRINT FULL NAME Charles Snider

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November (Month) 4, (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	3	15	hr. min.

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

10. Usual occupation farm hand

11. Industry or business _____

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Herman E. Burch

(b) Address Olathe, Kansas

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2-20-47 (Month) (Day) (Year)

(c) Place: burial or cremation Olathe, Kans.

18. (a) Signature of funeral director H. E. Julian Co.

(b) Address Olathe, Kansas

19. (a) 2-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1947 hour 11 minute 35 P. M.

21. I hereby certify that I attended the deceased from Feb. 11, 1947 to Feb. 19, 1947 that I last saw him alive on Feb. 19, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Strangulated inguinal hernia with rupture and generalized peritonitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 1220	
Major findings: (1) Of operations	
Of autopsy See above	

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)

While at work? _____ (e) Means of injury _____

23. Signature Wm. W. Hart, M.D. (M.D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 4-4-47

FILED APR

(Licensed Embalmer's Statement on Reverse Side)

3-5080

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.....

Licensed Embalmer No.....

P. O. Address.....

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.