

No. 2
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-17-39
X 47070

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED MAR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9413**
Registrar's No. **1178**

Registration District No. **149** 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:
Belmont Blvd. & Martin Ave. 3
(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) 24 Years

3. (a) PRINT FULL NAME: GEORGE T. SNELL

3. (b) If veteran, name war World War # 2

3. (c) Social Security No. 490-10-5068

4. Sex Male 5. Color or White

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

6. (b) Name of husband or wife Anne I. Snell

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased 4 21 1920
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>26</u>	<u>10</u>	<u>20</u>	hr. min.

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

10. Usual occupation Fireman, Locomotive

11. Industry or business Missouri Pacific Railroad

12. Name Benjamin Franklin Snell

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

14. Maiden name Lilly May Webster

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

16. (a) Informant Mrs. Anne I. Snell
(b) Address 1620 Central

17. (a) Burial (b) Date thereof 3-15 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 3-14-47 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson **48**

(c) City or town Kansas City MO **3**
(If outside city or town limits, write "RURAL") **8**

(d) Street No. 1620 Central **0**
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner
Shock

Due to Crushing Injury of
Abdomen & Legs

Other conditions Collision of 2
Engines
(Include pregnancy within 3 months of death)

Major findings: History & Inspection
Of operations.....
Of autopsy.....

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) Accident, 2, 3

(b) Date of occurrence 3/11/47

(c) Where did injury occur? Kansas City MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? yes (Specify type of place) Trauma
(e) Means of injury M.E.

Signature A.E. Oscher (M. D. or other) **MS**
Address 2800 Main Date 3/11/47 **0**

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.....
Dwight L. Keck

Licensed Embalmer No.....
4225

P. O. Address.....
Indep. 200

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.