

S. No. 2
1-12-45
7-5-17-39
I X47070

FILED JUN 23 1947

Registration District No. 147

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: St. Lukes Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 21 days
In this community 26 years (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. 5716 Central
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME

Otis O. Snyder

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male 5. Color of race whit

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

6. (b) Name of husband or wife Susan Snyder

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 6 16 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 26
If less than one day .hr. min.

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

10. Usual occupation Lumberman

11. Industry or business

12. Name Wilson Snyder

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

14. Maiden name Groves

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

16. (a) Informant Mrs Susan Snyder

(b) Address 5716 Central

17. (a) Cremation (b) Date thereof 5/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Colonial Cem

18. (a) Signature of funeral director Stine-McClure

(b) Address Kansas City Mo

19. (a) 6-13-47 (b) Christine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12
year 1947 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from April
1946 to June 12, 1947
that I last saw him alive on June 12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
Due to with general metastasis 2 years

Other conditions: 46 lb
(Include pregnancy within 3 months of death)

Major findings: same
Of operations: same
Of autopsy: same

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature M. A. Berry (M. D. or other)
Address Kansas City, Mo. Date signed June 12 47

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

MOTHER, FATHER

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 H Reed

Licensed Embalmer No. 3745-

P. O. Address K C M O

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.