S. No. 2
M—1/47
v. 5-17-39

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1949

Registration District No. 749

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27946

Registrar's No. 3699

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: TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 WEEK (Specify whether years, months or days)
In this community: 25 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 3005 COLLEGE 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ETHEL SNELLGROVE
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NO
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: EARL SNELLGROVE
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: MARCH (Month) 14 (Day) 1895 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	5	13	hr. min.

9. Birthplace: OSKALOOSA (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation: NONE
11. Industry or business: AT HOME

MOTHER FATHER
12. Name: BENJAMIN MEREDITH
13. Birthplace: MO. (City, town, or county) (State or foreign country)
14. Maiden name: NANCY E. JEFFERIS
15. Birthplace: KANSAS (City, town, or county) (State or foreign country)

16. (a) Informant: EARL SNELLGROVE
(b) Address: 3005 COLLEGE AVENUE
17. (a) Burial, cremation, or removal: REMOVAL (b) Date thereof: 8-28-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: OSKALOOSA, KANSAS
18. (a) Signature of funeral director: W. Liz Newcomer Dixo
(b) Address: 1401 Brush Creek Blvd.
19. (a) 8-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: AUG day: 27th year: 1947 hour: 7 minute: 54 P.M.
21. I hereby certify that I attended the deceased from: Pat Rodgers, 19..; that I last saw him alive on: 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac dilatation
Due to: Healed Sarcoma cute
Due to: Yellow Atrophy of the Liver.
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 0 Of autopsy: above.

Duration

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury:

23. Signature: Jack Bell (M. D. or other) M.D.
Address: Trinity Lutheran Hosp. Date signed: 28 Aug 47

Jefferson City Printing Co.

(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 D. B. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Kansas City, M

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.