

FILED SEP 23 1947

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**
 (a) County **Jackson**
 (b) City or town **Kansas City, Mo.**
 (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 **3 weeks** (Specify whether years, months or days)
 In this community **37 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Independence**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1120 S. Emery**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MRS. LENNIE LEE NORA SNOW**

3. (b) If veteran, name war **no**
 3. (c) Social Security No. **D.N.O.E.**

4. Sex **female** / 5. Color or race **white**
 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **Isaac Snow**
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 15, 1880**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	3	21	hr. _____ min.

9. Birthplace **Springfield, Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

12. (a) Name **William David Snow**

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

14. Maiden name **Mary Lee**

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

16. (a) Informant **Lawrence D. Snow**

(b) Address **1120 S. Emery, Independence, Mo.**

17. (a) (b) Date thereof **9/9/47** Mo.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park, K.C. Mo.**

18. (a) Signature of funeral director: **Gio G. Carson**
Independence, Mo.

(b) Address _____

19. (a) **9-8-47** (b) **Heraldine Holmes**
 (Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **6**
 year **1947** hour **11:45** minute **P** M.

21. I hereby certify that I attended the deceased from **6-2** 19**47**, to **Sept 6** 19**47**
 that I last saw her alive on **Sept 6** 19**47**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of Breast with metastatic lesions to Cervical Vertebrae and Lung**
 Duration **18 mo.**

Due to _____
 Other conditions **Culteris releases**
 (Include pregnancy within 3 months of death)

Major findings: **none 50**
 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) _____
 (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 **Edw. J. Thomas** (M. D. or other) _____
 Address **1032 S. W. 15th St** Date signed **9-8-47**

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.....

William H. Schlanker....., Registered Apprentice No. *439*
working under my personal supervision.

Signed..... *R. A. Lisle*.....
Licensed Embalmer No. *4123*
P. O. Address *Indep 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.