

FILED SEP 4 1948

 MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 26616

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3388

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:
on street front of 1010 1/2 Lindbergh Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Do not know years, months or days)

3: (a) PRINT FULL NAME

Ivan Snyder

3: (b) If veteran,

3: (c) Social Security No.

name war Do not know Do not know

4. Sex M O 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ethel Snyder 6. (c) Age of husband or wife if
 alive 62 years
 7. Birth date of deceased April 16 1883
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 4 3 28 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Do not know 913. Birthplace Do not know (State or foreign country)

14. Maiden name _____ 9

15. Birthplace Illinois (City, town, or county) (State or foreign country)16. (a) Informant Coroner office(b) Address 12 C mpt17. (a) School (b) Date thereof Aug 20-48
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: MCC College of Osteopathy & Surgery18. (a) Signature of funeral director Pan American Bur (Specify type of place)(b) Address 12 C mpt (e) Means of injury19. (a) 8-19-48 (b) Geraldine Holmes Registrar's signature
 (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 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1010 1/2 Lindbergh Ave 8
 (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
 year 1948 hour 8 minute 10 P M.

21. I hereby certify that I attended the deceased from before, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary thrombosis

Duration

Due to status return

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 93d

PHYSICIAN

Of autopsy History & Inspection

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? _____ (e) Means of injury _____

23. Signature James W. Kelly 3 (M. D. or other) CoronAddress 1424 W. 11th St Date signed 8-16-48

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 Dixon L. Topley

Licensed Embalmer No. 4225

P. O. Address Indep. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.