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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 14 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36887

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4898

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mo. 14 days (Specify whether
In this community 60 years
years, months or days)

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. 3028 Harrison 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ~~Tillman~~ Tilghman A. Snyder

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M O

5. Color or race wh

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Mar 26 1866
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days ~~26~~ 3 If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Daniel Snyder
13. Birthplace Penn
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sabra Ettinger
15. Birthplace Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Chester Cantrell
(b) Address 407 W. 40th

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-1-48
(Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director F. S. Walton
(b) Address K. C. Mo.

19. (a) 11-30-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1948 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 15, 1948, to Nov. 29, 1948; that I last saw him alive on Nov. 29, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomatosis-primary site unknown General	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 55.0	

Major findings:
Of operations
Of autopsy None

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?
~~Wm. W. Hart~~ (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 11-30-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Dayton

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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address K.C. 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.