G. No. 2
M—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40370

Registrar's No. 4988

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 Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 32 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. 1204 Washington Ave. 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Ellen Snyder

3. (b) If veteran, name war No

3. (c) Social Security No. 496-07-2481

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. 4th, 1915
(Month) (Day) (Year)

8. AGE: Years 33 | Months 3 | Days 1 | If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Thomas O. Snyder
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Almeda Green
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant William A. Snyder
(b) Address 8107 Wilson Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Wash. Cem.

18. (a) Signature of funeral director Earp & Sons
(b) Address 4139 East 15th, St.

19. (a) 12-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th, year 1948 hour 7 minute 25 P. M.

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

Immediate cause of death Massive Subdural Hemorrhage

Due to Skull fracture

Due to Fracture of Jaw

Other conditions (Include pregnancy within 3 months of death) 168

Major findings:
Of operations

Of autopsy as above

Duration

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) Homicide (n.m.o.)

(b) Date of occurrence 11-29-48

(c) Where did injury occur? KC (City or town) Jackson (County) mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place 3
(Specify type of place)

While at work? no (e) Means of injury Trauma (n.m.o.)

23. Signature James C. Walker (M. D. ~~or other~~) Corona

Address 1424 prof bldg Date signed 12-6-48

(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 William H. Camp, Registered Apprentice No. 241, working under my personal supervision.

Signed John R. Camp

Licensed Embalmer No. 2955

P. O. Address, Ft. C. Md

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.