

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1424**
222

FILED FEB 14 1949

BIRTH MO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 53 yrs		d. STREET ADDRESS (If rural, give location) 207 So. Askew	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grosse Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) L. c. (Last) SNELL, SR.			4. DATE OF DEATH (Month) (Day) (Year) 1 16 49			
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 11, 1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Grocer	11. BIRTHPLACE (State or foreign country) Pierce County, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME George Snell	13b. MOTHER'S MAIDEN NAME Harriet Light	14. NAME OF HUSBAND OR WIFE Louise M. Snell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) XX	17. INFORMANT'S SIGNATURE OR NAME Harry L. Snell	ADDRESS Wichita, Kansas
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lot of Pneumonia		INTERVAL BETWEEN ONSET AND DEATH Six days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arthritis Deformans		
	DUE TO (c) 490X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Mo., Jackson Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 9, 1949**, to **Jan 16, 1949**; that I last saw the deceased alive on **Jan 16, 1949**, and that death occurred at **8:55 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John G. Lapp	23b. ADDRESS 1314 Professional Bldg	23c. DATE SIGNED Jan 17-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-18-49	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
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DATE REC'D BY LOCAL REG. 1-17-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE J.W. Wagner	ADDRESS K.C. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Y1-9885
2-11-1130

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 _____

Basil V Honey

Student Embalmer No. 301

working under my personal supervision.

Signed *Basil V Honey*
Student Embalmer

Signed *Walter R. Haenscheld*

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.