

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8622

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1007</u>		Registrar's No. <u>1029</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>44 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>KANSAS CITY</u>		463	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3615 WOODLAND AVENUE</u>				d. STREET ADDRESS (If rural, give location) <u>3615 WOODLAND AVENUE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEE</u>		b. (Middle) <u>ROY</u>		c. (Last) <u>SNORGRASS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH-3-1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN-10-1896</u>	
9. AGE (In years last birthday) <u>53 YRS</u>		10. UNDER 1 YEAR Months Days		11. UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CASHIER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUCKLEIN-WILLIAMS CO. HAMONT, MISSOURI</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FINIS SNORGRASS</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA SCHEERER</u>		13c. NAME OF HUSBAND OR WIFE <u>CARRIE EVELINE SNORGRASS</u>		ADDRESS <u>3615 WOODLAND AVENUE KANSAS CITY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-09-3178</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CARRIE EVELINE SNORGRASS</u>		ADDRESS <u>3615 WOODLAND AVENUE KANSAS CITY</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Colon</u>				DUE TO (c) <u>155X</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of colon</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)			
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 <u>11-14-1948</u> to <u>3-3-1949</u> , that I last saw the deceased alive on <u>3-3-1949</u> , and that death occurred at <u>11:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. R. LYDDON JR. M.D.</u> (Degree or title)				23b. ADDRESS <u>1037 E. 75th St. K.C. Mo.</u>		23c. DATE SIGNED <u>3-4-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR-7-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-5-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomb</u>		ADDRESS <u>1401 BRUSH CREEK BLVD KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Robert Ray*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*4182*

P. O. Address \_\_\_\_\_

*Kansas City*

**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.