

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8780

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 56	
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 RURAL PRAIRIE TWP 5		c. LENGTH OF STAY (in this place) NR-0-290		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		48	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JACKSON CO HOME FOR AGED WHITE				d. STREET ADDRESS (If rural, give location) 1316 TROOST AVENUE 1			
3. NAME OF DECEASED (Type or Print) ADR		b. (Middle) GLENN		c. (Last) SMYDER		4. DATE OF DEATH (Month) (Day) (Year) 3 16 1949	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 11-29-1859	
9. AGE (In years last birthday) 89 YRS.		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) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) UNION CITY - TENN		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME ALFRED NAYLOR		13b. MOTHER'S MAIDEN NAME SARAH DAY		14. NAME OF HUSBAND OR WIFE W.W. SNYDER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JACKSON CO HOME RECORDS			
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) Senility ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. n941				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/1, 1949 to 3/16, 1949 that I last saw the deceased alive on 3/15, 1949, and that death occurred at 4:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. H. Green M.D.				23b. ADDRESS 1401 Brush Creek Blvd		23c. DATE SIGNED 3/16/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE MAR-18-1949		24c. NAME OF CEMETERY OR CREMATORY DW. NEWCOMER'S SONS		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 3-17-49		REGISTRAR'S SIGNATURE Donald C. Eamshaw 378		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O. N. Newcomer's Sons 1401 BRUSH CREEK BLVD KANSAS CITY, MISSOURI			

(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 _____

Jess T. News

Signed _____
Student Embalmer

Licensed Embalmer No. *4453*

P. O. Address *News Ct*

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.