

FILED JUN 25 1949

STANDARD CERTIFICATE OF DEATH

19805  
State File No. 19805

2494  
Registrar's No. 2494

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. <sup>149</sup> 1002 PRIMARY REG. DIST. NO. <sup>149</sup> 149

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. 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) 24 yrs.		d. STREET ADDRESS (If rural, give location) 5200 Garfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION MENORAH Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) JACOB b. (Middle) SNYDER c. (Last) SNYDER		4. DATE OF DEATH (Month) (Day) (Year) 6 7 1949	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNMARRIED	8. DATE OF BIRTH Aug. 23, 1876
9. AGE (In years last birthday) 72		10. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR		11. BIRTHPLACE (State or foreign country) RUSSIA	
13a. FATHER'S NAME RUBEN SNYDER		13b. MOTHER'S MAIDEN NAME ANNA GINSBERG	
13c. NAME OF HUSBAND OR WIFE LILLIE MANN SNYDER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. 487-05-5677	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS		Rudolph M. Snyder 5200 Garfield	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate with general metastases ANTECEDENT CAUSES Asford 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. 177 X	
18. CAUSE OF DEATH (continued)		INTERNAL BETWEEN ONSET AND DEATH about 6 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION As above	
20. AUTOPSY? YES <input checked="" 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) m.		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 5-7, 1949, to 6-7, 1949, that I last saw the deceased alive on 6-7, 1949, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE A. Sophian M. D. (Degree or title)		23b. ADDRESS 1405 Bryant Bldg	
23c. DATE SIGNED June 8/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/8/49	
24c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEM.		24d. LOCATION (City, town, or county) (State) Kansas City Mo. 40	
DATE REC'D BY LOCAL REG. 6-8-49		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		Carroll-Davidson 3024 Frost	

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.

Student .....  
Student Embalmer

Signed Kathryn E David

Licensed Embalmer No. 3648

P. O. Address K. C. Ma

**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.