

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27059

3418

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3418	
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) KANSAS CITY		c. LENGTH OF STAY (in this place) 50 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		3848	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL				d. STREET ADDRESS (If rural, give location) 3247 VICTOR STREET			
3. NAME OF DECEASED (Type or Print) HAROLD		a. (First)		b. (Middle)		c. (Last)	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APR-15-1896	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STATISTICIAN		10b. KIND OF BUSINESS OR INDUSTRY NO STATE EMPLOYMENT		11. BIRTHPLACE (State or foreign country) LEE'S SUMMIT MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W. O. SNIDER		13b. MOTHER'S MAIDEN NAME ROSA		14. NAME OF HUSBAND OR WIFE MRS. RUBY LENORE SNIDER		4331	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. RUBY LENORE SNIDER		ADDRESS 3247 VICTOR ST KANSAS CITY MO.	
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) Death Congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cur. Dis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH about 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from over period of 10 years, to Aug 6, 1949, that I last saw the deceased alive on Aug 6, 1949, and that death occurred at 10:05 AM, from the causes and on the date stated above.							
23a. SIGNATURE D. V. Bell		23b. ADDRESS 209 Plaza Junior Bldg		23c. DATE SIGNED Aug 7-49			
24a. BURIAL CREMATION (Specify) BURIAL		24b. DATE AUG-8-1949		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) LEE'S SUMMIT MISSOURI	
DATE REC'D BY LOCAL REG. 8-8-49		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE O. H. Newcome		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 22 1949

### 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

*Jess T. Dews*

Licensed Embalmer No. *445-3*

P. O. Address *27 Anwar Circle*

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.