

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 43800
Registrar's No. 5501

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5501	
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. CITY (If outside corporate limits, write RURAL and give township) Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6222 E. 14th. St.				d. STREET ADDRESS (If rural, give location) 6222 E. 14th. St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Catherine		b. (Middle) M.		c. (Last) Snider	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		4. DATE OF DEATH (Month) (Day) (Year) 12/26/49	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY —		8. DATE OF BIRTH Dec. 7, 1866		9. AGE (In years last birthday) 83	
11. BIRTHPLACE (State or foreign country) Wales, Great Britain		12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Daniel T. Jones		13b. MOTHER'S MAIDEN NAME Catherine T. Morgan	
14. NAME OF HUSBAND OR WIFE Edwin Snider		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Sarah Snider ADDRESS 6222 E. 14th. St.	
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 Arteriosclerosis + Hypertension + Valvular Heart Dis 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.			
19a. DATE OF OPERATION —				19b. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) —		21f. HOW DID INJURY OCCUR? —	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) —		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Nov 1946 to Dec 26, 1949 , that I last saw the deceased alive on Dec 25, 1949 , and that death occurred at 6:15 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE L. J. Dlabal (Degree or title) M.D.		23b. ADDRESS 1210 Ash, Chillicothe, Mo.		23c. DATE SIGNED 12-26-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/28/49		24c. NAME OF CEMETERY OR CREMATORY Christinson Ceme.		24d. LOCATION (City, town, or county) (State) Chillicothe, Mo.	
DATE REC'D BY LOCAL REG. 12-28-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons ADDRESS 4139 Truman Rd.			

(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 _____

James W. Carp

Licensed Embalmer No. *4632*

P. O. Address *Kansas City, Mo.*

Signed _____
Student Embalmer

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.