

FILED SEP 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27202
3828

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson 0				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 Kansas City, Mo.		c. LENGTH OF STAY (In this place) 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Missouri			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital				d. STREET ADDRESS (If rural, give location) 444 Garfield			
3. NAME OF DECEASED (Type or Print) a. (First) Fred			b. (Middle) ELMER.		c. (Last) Snyder		4. DATE OF DEATH (Month) (Day) (Year) 9 - 1-51
5. SEX M 0	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unk. 9		8. DATE OF BIRTH Unk.		9. AGE (In years last birthday) Approx 76	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Janitor		11. BIRTHPLACE (State or foreign country) Unk. 9		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Unk		13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE Unk.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk.		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jackson County Coroner K. C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown. brought to General Hosp. Unconscious - fainting Head Bleeding nose 11. OTHER SIGNIFICANT CONDITIONS Head Bleeding nose 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No Relatives to Sign Post-mortem					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 3	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street 132 n. ch. Kansas City		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Kansas City Jackson Mo.				
21d. TIME OF INJURY (Month) (Day) (Year) 9-1-51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? unknown				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens Coroner			23b. ADDRESS 1034 Picht's Bldg			23c. DATE SIGNED 9-7-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-8-51	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary - K. C. K		24d. LOCATION (City, town, or county) (State) K. C. KANS.		
DATE REC'D BY LOCAL REG. 9-7-51		REGISTRAR'S SIGNATURE Seraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Tigerman & Sons Funeral Home		

(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.

Student
Student Embalmer

Signed H. Roy Mooney

Licensed Embalmer No. 4276

P. O. Address H. C. Mooney

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.