

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41841
5376

State File No.

FILED JAN 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY LENGTH OF STAY 44 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R. E. GENERAL HOSPITAL No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 2538

d. STREET ADDRESS (If rural, give location) 3607 TROOST AVENUE

3. NAME OF DECEASED

a. (First) MARSHALL b. (Middle) _____ c. (Last) SNYDER

4. DATE OF DEATH (Month) (Day) (Year) DEC-12-1951

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Sept 15-1899

9. AGE (In years last birthday) 52

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) County

10b. KIND OF BUSINESS OR INDUSTRY emp.

11. BIRTHPLACE (State or foreign country) Dallas Jackson Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John D. SNYDER

13b. MOTHER'S MAIDEN NAME Emma Ann

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME Mrs. Irene Morgan ADDRESS 662

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) Basal Skull fracture

ANTECEDENT CAUSES

Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Subdural Hematoma

INTERVAL BETWEEN ONSET AND DEATH

2950
21

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-4-51

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Fell down stairs

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 4:50 P.M., from the causes and on the date stated above.

23. SIGNATURE Hugh Owens (Degree or title) _____

23b. ADDRESS 1034 Pratt Bldg

23c. DATE SIGNED 12-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-14-51

24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah

24d. LOCATION (City, town, or county) (State) Kansas City Mo

DATE REC'D BY LOCAL REG. 12-14-51

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer Sons

ADDRESS 331 BRUSH

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

Bernard L. Hoenes

Licensed Embalmer No. 4250

P. O. Address N.C. Mo.

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.