

FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9320

1169

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 002		Registrar's No. 1169		
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 town) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 70 YEARS		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1900 Linwood Blvd Home				e. STREET ADDRESS (If rural, give location) 1900 Linwood Blvd.				
3. NAME OF DECEASED (Type or Print) a. (First) Rosemond			b. (Middle) E.		c. (Last) SNYDER		4. DATE OF DEATH (Month) (Day) (Year) March 12, 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH JUNE 1, 1868		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) NEAR FORTANA, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Timothy C. English		13b. MOTHER'S MAIDEN NAME Sneah		14. NAME OF HUSBAND OR WIFE MELLE V. SNYDER				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE AND ADDRESS MRS MELVILLE V. SNYDER 9745 OVERBROOK				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 3 Mo. own
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition				DUE TO (b) Senility				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Absolutely No desire to live for past 4 or 5 years.				2865
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)		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 Jan, 1941, to Mar 12, 1956, that I last saw the deceased alive on Mar 11, 1956, and that death occurred at 5:30 p.m., from the causes and on the date stated above.								
23a. SIGNATURE Glen H. Broyles (Degree or title) M.D.				23b. ADDRESS 1232 Professional Bldg		23c. DATE SIGNED Mar. 13-56		
24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL		24b. DATE MAR 15, 1956		24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.		
DATE REC'D BY LOCAL REG. 3-15-56		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS KANSAS CITY, MO.				

(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.....
Signature of Student Embalmer

Signed.....
Rollie Kessel

Licensed Embalmer No. *469*

P. O. Address *K.C.M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.