

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH: **JACKSON** **NOV 14 1939**
(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **VINEYARD PARK HOSPITAL** **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
In this community **48** years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **KANSAS** **2** (b) County **WYANDOTTE**
(c) City or town **BETHEL**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. No. 2**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **3rd**
year **1939** hour **10** minute _____ P.M.

21. I hereby certify that I attended the deceased from **Sept 28,** 1939, to **Oct 3,** 1939;
that I last saw him alive on **Oct 3,** 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Membranous Endocarditis** **6 days**
Due to **Chlorides Intoxication**
Minimal. Rheumatic Action

Other conditions: **Hypertension** **131**
(Include pregnancy within 3 months of death)
No phthisis. Chronic

Major findings: **PHYSICIAN**
Of operations _____
Of autopsy **✓**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature: **H. J. C. Jones** (M. D. or other) **1**
Address: **416 Chablas Bldg. 1c** Date signed **10/4/39**
While at work? _____ (Specify type of place) (e) Means of injury _____

3. (a) PRINT FULL NAME **SAMUEL H. SNYDER** **581.**
(b) If veteran, name war **no** 3. (c) Social Security No. **FARMER**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **ANNA** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **AUGUST 25 - 1867**
(Month) (Day) (Year)

8. AGE: Years **72** Months **1** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace: **JAMESTOWN** **PENNA** **1**
(City, town, or county) (State or foreign country)
10. Usual occupation **FARMER**

11. Industry or business _____ **9**
12. Name **KILMER SNYDER**
13. Birthplace **PENNA**
(City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN**
(City, town, or county) (State or foreign country)
15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs Anna Snyder**
(b) Address **Bethel Kansas**

17. (a) **BURIAL** (b) Date thereof **10-6-1939**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bethel Cemetery**
Ado Bros Funeral Home

18. (a) Signature of funeral director **1416 Minnesota Ave**
(b) Address

19. (a) **10-4-39** (b) **M. M. Crowl**
(Date received local registrar) (Registrar's signature)

PLEASE PRINT—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Embalmer's License - Original

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Orville H. Beckwith

Licensed Embalmer No. 2937

P. O. Address Kansas City, Kansas

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, above space should be left blank.