

S. No. 2
11-10-39
5-17-39
1 X

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1002

17387

State File No. _____

JUN 17 1940 399

Registrar's No. 1914

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(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:
5615 East 16th Street Terrace 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
(Specify whether
In this community 60 Years
years, months or days)

8. (a) PRINT FULL NAME Mr. John William Snoddy 530

3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (b) Name of husband or wife Mrs. Iva Snoddy 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased October 2 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 7 3 hr. min.

9. Birthplace Carroll County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Owner

11. Industry or business John W. Snoddy Transfer

12. Name John Thomas Snoddy

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Hudson

16. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. Snoddy
(b) Address 5615 East 16th Terrace

17. (a) Burial (b) Date thereof May 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Mt. Washington Cemetery

18. (a) Signature of funeral director W. J. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) May 7, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5615 East 16th Street Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1940 hour 9 minute p. M.

21. I hereby certify that I attended the deceased from Apr. 2
1940 to May 5, 1940
that I last saw him alive on May 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Oesophagus 1 mo.

Due to 4/6

Due to Secondary Anemia 1 mo.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
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? _____

(Specify type of place)
(a) While at work (b) Means of injury 1

23. Signature W. J. Newcomer's Sons (M. D. or other)
Address 1401 Brush Creek Blvd. Date signed 5/7/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

2
7

Mr. Snoddy

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.....

Carle M. Calhoun

Licensed Embalmer No. *3506*

P. O. Address *K 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, above space should be left blank.