

No. 2
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17-39
X21492

FILED JUN 17 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17633
2160

State File No.
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

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:
412 W. 17th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 27 years

3. (a) PRINT FULL NAME Cyrus M. Snow

3. (b) If veteran, name war none
3. (c) Social Security No. 494-16-0244

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 16, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 5 9 hr. min.

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

10. Usual occupation Salesman

11. Industry or business

12. Name William D. Snow

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

14. Maiden name Mary Lee

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

16. (a) Informant Carl M. Snow
(b) Address 4106 Olive

17. (a) Burial (b) Date thereof May 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) May 26, 1940 (b) M. M. Crause
(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. 412 W. 17th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25, year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I am a duly licensed physician and that death occurred on the date and hour stated above.

Immediate cause of death
Acute pulmonary edema
Hypertrophy of the heart
Chronic vascular nephritis

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations
Of autopsy

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?

While at work? (Specify) (Means of injury)

23. Signature M. M. Crause (M. D. or other)
*Address K. C. Mo. Date signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.