

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24348
State File No.
Registrar's No. 2958

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:
5905 Central Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --- (Specify whether
In this community 9 Months
years, months or days)

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. 5905 Central Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd
year 1940 hour 6 minute A.
21. I hereby certify that I attended the deceased from 5-21-40
1940, to 7-23, 1940,
that I last saw him alive on 7-22, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Heart Failure
Due to Hypertension + A
Artery sclerosis 90%
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

Major findings:
Of operations
Of autopsy no

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 type of place) (e) Means of injury
23. Signature [Signature] (M. D. or other)
Address 924 P. of Hwy Date signed 7/23/40

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

3. (a) PRINT FULL NAME Mr. Emmett Lawrence Snider

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

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

6. (b) Name of husband or wife Mrs. Clara Norfolk Snider 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased May 16 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 7 If less than one day --- hr. --- min.

9. Birthplace Marion County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Attorney

11. Industry or business Chicago, Illinois

12. Name Andrew J. Snider

13. Birthplace Marion County Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Fyke

15. Birthplace Marion County Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Snider

(b) Address 5905 Central

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 1940
(Monthly) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1401 Brush Creek Blvd.

19. (a) July 24, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

12.15-5

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 *A. C. Newcomer Jr*

Licensed Embalmer No. 4043

P. O. Address *A. C. Me*

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.