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FILED OCT 11 1940
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 31142

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3705

1. PLACE OF DEATH:
(a) County. Jackson,
(b) City or town. Kansas City,
(c) Name of hospital or institution: 401 East 36th Street,
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution No. (Specify whether 2)
In this community 30 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Jacob Snyder,
3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Laura D. Snyder, 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased November 28 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 9 24 hr. min.

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

10. Usual occupation Retired

11. Industry or business Real Estate and Loan Business,

MOTHER FATHER { 12. Name John Snyder,
18. Birthplace Unknown, (City, town, or county) (State or foreign country)
14. Maiden name Sarah Pance,
15. Birthplace Tennessee, (City, town, or county) (State or foreign country)

16. (a) Informant J. J. Snyder, Jr.
(b) Address 5011 Walnut St., Kansas City, Mo.

17. (a) Burial, (b) Date thereof 9-24, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-23-40 (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. 401 East 36th St.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22nd,
year 1940 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 24 1940 September 22, 1940
that I last saw him alive on September 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Narction
demerol
Due to Cachexia NOT
Due to 24 years
24 yrs.

Other conditions (include pregnancy within 8 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?

While at work? (Specify type of place) (e) Means of injury
23. Signature M. M. Brown (M. D. or other)
Address Plaza Med. Bldg Date signed 9-23-40

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

Dr. M. G. Berry

Reynolds Bldg

La 3243

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.