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

FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31178

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3741

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: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 10 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansasri (b) County Wyandotte

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 340 Southwest Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ----- years.

3. (a) PRINT FULL NAME Mr. Robert Snyder

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 Married

6. (b) Name of husband or wife Mrs. Ruby Snyder

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased October (Month) 13 (Day) 1909 (Year)

8. AGE: Years 30 Months 11 Days 22 If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Tire Merchant 9

11. Industry or business Rosedale Tire Supply Store 9

FATHER
12. Name Robert Snyder
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Lottie
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Robt. Snyder

(b) Address 340 Southwest Blvd. K.C. Kansas

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

(c) Place: burial or cremation Memorial Park, K.C. Mo.

18. (a) Signature of funeral director D. M. Newcomer Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 9-26-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25th year 1940 hour 10 minute 55 A. M.

21. I hereby certify that I attended the deceased from 6-15, 1940, to 9-25, 1940; that I last saw him alive on 9-24, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Purulent Meningitis	5 days
Due to Osteo Myelitis (Staph)	
Due to Nasal Sinusitis 154	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Definite evidence of Infection.

Of autopsy Not done. Consent not given.

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)

While at work? (e) Means of injury

23. Signature M. B. Simpson M.D. (M. D. or other)

Address 1408 Broad Bldg. Kansas City, Mo. Date signed 9/26/40

(Licensed Embalmer's Statement on Reverse Side)

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address JC, 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, fact should be so stated above.