

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24249**
Registrar's No. **2788**

Registration District No. **16**
Primary Registration District No. **399**

Primary Registration District No. **1002**

48
3
8

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

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:
2923 East Linwood Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 24 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Effie Snyder

3. (b) If veteran, name war X 3. (c) Social Security No. no.

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

6. (b) Name of husband or wife James Pike Snyder 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased October 22 1869 (Month) (Day) (Year)

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

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

10. Usual occupation at home

11. Industry or business X

12. Name Beckwith W. Hurst

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

14. Maiden name Lenora Thompson

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

16. (a) Informant Miss Bess Snyder

(b) Address 2923 Linwood Blvd., Kansas City, Mo.

17. (a) Burial (b) Date thereof 7 26 41 (Month) (Day) (Year)

(c) Place: burial or cremation Spickard, Mo.

18. (a) Signature of funeral director Stino & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7/25/41 (b) M. M. Crowe (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **048**
(c) City or town Kansas City (If outside city or town limits, write "RURAL") **3**
(d) Street No. 2923 East Linwood Blvd. (If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th, year 1941 hour 8:35 minute 3 M.

21. I hereby certify that I attended the deceased from 7/20/41 to 7/24/41, 1941, that I last saw him alive on 7/24, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis **Durgion**

Due to 94%

Other conditions (Include pregnancy within 3 months of death) 94%

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 type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other) **Dug**
Address [Address] Date signed 7/26/41

Dr. Trippe, Ha 3454

11:30 - 5:00
avg. Body.

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 W. 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.