

No. 2  
1-4-41  
-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30701**  
Registrar's No. **3458**

FILED OCT 13 1941

Registration District No. **295**

Primary Registration District No. **1002**

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: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
In this community 18 Years  
(Specify whether 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. 5526 S. Benton  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Snyder, Ida Anna

3. (b) If veteran, name war No 3. (c) Social Security No. 487-03-4710

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Clarence J. Snyder 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased March 19, 1892  
(Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business At Home

MOTHER FATHER  
12. Name P. W. Pohlenman  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Hullenruter  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence J. Snyder

(b) Address 5526 So. Benton

17. (a) Burial (b) Date thereof 9/17/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 9/16/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14  
year 1941 hour 5 minute 13 A. M.

21. I hereby certify that I attended the deceased from Sept 8 1941 to Sept 14 1941;  
that I last saw her alive on Sept 14 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia with hydronephrosis and hydro-ureter  
Due to Far advanced carcinoma of ovary with metastasis to liver, lungs, prevertebral lymph nodes

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy See above  
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 Wm. R. Thorne (M. D. or other) 0  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. Blair Huppert  
Licensed Embalmer No. 4179  
P. O. Address K.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, fact should be so stated above.**