

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 8 1942

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 2095

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:  
3013 DeGroff Way  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community. 56 years  
years, months or days (Specify whether)

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. 3013 DeGroff Way  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME. Mr. William L. Snyder

3. (b) If veteran, name war. No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1942 hour 3 minute 30 M.

4. Sex. Male

5. Color or race. White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Nettie L. Snyder

6. (c) Age of husband or wife if alive. 76 years

7. Birth date of deceased. June 23 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 1940 to May 27, 1942  
that I last saw him alive on May 27, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

82 11 4 hr. min.

Immediate cause of death. Arteriosclerosis, Fibriulation chr. myocarditis

Due to Senility - 93A

Duration

17 mo.  
17 mo.

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

10. Usual occupation. Retired

Other conditions. Senility - 93A  
(Include pregnancy within 3 months of death)

Due to.....

11. Industry or business. Time Keeper

12. Name. George M. Snyder

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

14. Maiden name. Mary Dunlap

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

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant. Mrs. Nettie L. Snyder

(b) Address. 3013 DeGroff Way

17. (a) Burial (b) Date thereof. 5-29-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mt. Moriah

18. (a) Signature of funeral director. Freeman Mortuary

(b) Address. Kansas City, Mo.

19. (a) 5-28-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 0

23. Signature. F. S. Coney (M. D. or other) MD  
Address. Sum Beady Date signed. 5-28-42

ADN. X. S. CANNON  
KANSAS CITY  
11:30

**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 Elmer C. Wedekin  
Licensed Embalmer No. 3493  
P. O. Address Kansas City 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.**