

FILED SEP 3 1942

State File No.

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3158

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: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days
In this community 25 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. 1238 Ewing Avenue
(If rural, give location)
(e) Citizen of foreign country? Naturalized U. S. (Yes or No)
If yes, name country In U.S. 37 Years

3. (a) PRINT FULL NAME Mrs. Marie Sniecinski

3. (b) If veteran, name war No
3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mr. Kasper Sniecinski
6. (c) Age of husband or wife if alive -68- years

7. Birth date of deceased September 3 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 18
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business -----

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Stephurd Kasper
(b) Address 2530 Brighton

17. (a) Burial (b) Date thereof Aug. 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. M. Newcomer, son
(b) Address 1401 Brush Creek Blvd.

19. (a) 8-22-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1942 hour 4 minute 00P M.

21. I hereby certify that I attended the deceased from 8/8/42 to 8/21/42
that I last saw her alive on 8/20/42
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of right ovary & generalized metastasis
Due to 49a 4000

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of ovary & metastasis
Of operations -----
Of autopsy -----

Duration 4000
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) (c) Means of injury -----
23. Signature Shirley J. ...
Address 116 Red Bldg. Date signed 9/24/42

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

Dr. Pearson
Amesbury 1116 Prof.
1220-4

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: *C. Hervey Purseberry*
Licensed Embalmer No. *4070*
P. O. Address: *A 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.