

FILED MAR 25 1943 49  
Registration District No. ....

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:  
2424 Jackson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ..... (Specify whether)  
In this community 43 Yrs  
years, months or days

3. (a) PRINT FULL NAME Clyde Duncan Snowden  
3. (b) If veteran, name war non  
3. (c) Social Security No. 496-07-2487

4. Sex Male  
5. Color or Race W. Male  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Cleatus M Snowden  
6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased Nov. 4 1890  
(Month) (Day) (Year)

8. AGE: Years 52 Months 04 Days 10  
If less than one day ..... hr. .... min.

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

10. Usual occupation Grain weigher  
11. Industry or business Rodney Milling Co.

MOTHER FATHER  
12. Name Forest Snowden  
13. Birthplace Penn  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Cesseni  
15. Birthplace Penn  
(City, town, or county) (State or foreign country)

16. (a) Informant Cleatus M Snowden  
(b) Address 2424 Jackson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16 1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director Mrs C. L. Forster  
(b) Address 918 Brooklyn

19. (a) 3-16-43 (Date received local registrar)  
(b) M. M. Crowe (Registrar's signature)

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. 2424 Jackson  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 14  
year 1943 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from 3/14/43 6 am  
to 3/14/43 7:40 am  
that I last saw him alive on 3/14 - 7:40 am  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Duration 3 hrs

Due to Do not know  
Due to Do not know

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

PHYSICIAN  
Major findings:  
Of operations None  
Of autopsy None  
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) (e) Means of injury.....  
23. Signature E. L. Stewart (M. D. or other)  
Address 2520 Jackson Ave Date signed 3/15/43

Dr. E. L. Stewart  
Shukert Bg. VI 1440  
413036

3 pm

**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 Dennis C. Browning

Licensed Embalmer No. 2724

P. O. Address J. C. met

**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.**