

No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

40866

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 11 1946
59

Registration District No.

Primary Registration District No. 5770.

Registrar's No. 61

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Rural Lisle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cold Water
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 9 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town Lisle
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John A. Snedden
3. (b) If veteran, name war Spanish American
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 22
year 1945 hour 1 minute 40 a.m.

4. Sex Male 5. Color or race N
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sylvia Dobrasky
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased January 1 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1945 to Dec 22 1945
that I last saw him alive on Dec 21 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 11 Days 21
If less than one day hr. _____ min. _____

Immediate cause of death Congestive Heart Failure
Duration 2 wks

Due to Hypertension
Hypertrophy of heart
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy None

10. Usual occupation meat cutter - Farmer
11. Industry or business grocery

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Homer R. Snedden
(b) Address Louisburg Kans
17. (a) BURIAL (b) Date thereof 12-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Basil Offshore (M. D. or other)
Address Drexel Mo Date signed 12/22/45

(c) Place: burial or cremation Union Cemetery Orrick, Mo
18. (a) Signature of funeral director Walter B. Puryear
(b) Address Louisburg Kansas
19. (a) 12-22-45 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

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

APR 16 1946

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 Ward B. Remyan

Licensed Embalmer No. 3222

P. O. Address Louisburg Kansas

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.