

No. 2
-12-45
5-17-39
I X47070

State File No. _____

FILED OCT 8 1946
Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 4037

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: ST. JOSEPH HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-DAYS
(Specify whether years, months or days)

In this community 4-DAYS

3. (a) PRINT FULL NAME Infant SNOOK

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 SINGLE

6. (b) Name of husband or wife _____

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

7. Birth date of deceased SEPTEMBER 18 1946
(Month) (Day) (Year)

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

4 hr. min.

9. Birthplace KANSAS CITY - MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

MOTHER FATHER

12. Name HUBERT SNOOK

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

14. Maiden name JOYCE E MAGROBER

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

16. (a) Informant MR. HUBERT W SNOOK

(b) Address 5524 CHESTNUT

17. (a) BURIAL (b) Date thereof 9-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK #0 MO.

18. (e) Signature of funeral director D. H. Newcomer's sons

(b) Address 1401-BRUSH CREEK BLVD.

19. (a) 9-24-46 (b) Geraldine Holmes
(Date received at local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5524 CHESTNUT AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 22ND
year 1946 hour 10 minute 55^A M.

21. I hereby certify that I attended the deceased from Sept 19 46
to Sept 22 46

that I last saw her alive on Sept 22 46
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary failure 1 hour

Due to Brucellosis 3 days

Due to pretermity (7 MO)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations no

Of autopsy As above 106 b

Duration

3 days

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)

Means of injury _____

33. Signature John T. Shryver MD (M. D. or other) MD

Address 1402 Second Date signed 9-24-46

J. C. MO

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

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.....

Melvin Miller

Licensed Embalmer No. *4407*

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.