

S. No. 2  
M-5-43  
y. 5-17-39  
p I X36571

**FILED** OCT 28 1946

Registration District No. 149

Primary Registration District No. 1002

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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether years, months or days) 40 years

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. 3217 Summit  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Clyde Snorgrass

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

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Corrine Snorgrass  
6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased December 28, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 9 18 hr. min.

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

10. Usual occupation Retired Harness Maker

11. Industry or business Snorgrass Harness Shop

MOTHER FATHER { 12. Name Isaac Snorgrass

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

14. Maiden name Candis Ruhr

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

16. (a) Informant Mrs. Clyde H. Snorgrass

(b) Address 3217 Summit, K. C., Mo.

17. (a) Burial (b) Date thereof 10-18-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eyler

(b) Address Kansas City, Missouri

19. (a) 10-17-46 (b) Maldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16  
year 1946 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from  
Oct. 8, 1946, to Oct. 16, 1946;  
that I last saw him alive on Oct. 16, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other conditions 107  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy None

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) (e) Means of injury

23. Signature Wm W. Hail (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 10-16-46

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

*Dr. [illegible]*

**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.....

..... *Dean Cole* ..... Registered Apprentice No. *408* .....  
working under my personal supervision.

Signed *Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address *K. 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.**