

FILED APR 14 1947

Registration District No. 149

Primary Registration District No. 1802

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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 days  
(Specify whether  
 In this community 23 years  
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. 2530 Norton  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Rordelia Snodgrass  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. no

20. DATE OF DEATH: Month March day 30  
 year 1947 hour 5 minute 5 P. M.

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 Nov-30-1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 18 19 47 to March 30 19 47  
 that I last saw him er alive on March 30 19 47  
 and that death occurred on the date and hour stated above.

Immediate cause of death, Pneumococcic meningitis  
 Duration \_\_\_\_\_

8. AGE: Years 67 Months 4 Days 20  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation at home

Major findings: Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Of autopsy None  
 PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

12. Name Obediah Snodgrass

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

14. Maiden name Mary Hunter

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

16. (a) Informant Miss John E. Gaitchet

(b) Address 2923 Winwood Blvd

17. (a) Burial (b) Date thereof April-1-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hill

18. (a) Signature of funeral director Mr C R Foster

(b) Address 918 Broadway

19. (a) 4-1-47 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

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? 0

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

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

Address Med. Dir. Gen'l Hosp. Date signed 3-31-47

*Dr. Schuyler*

1191

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**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.....  
.....  
working under my personal supervision.

Signed..... *Orland Mason*  
Registered Apprentice No.....  
Licensed Embalmer No..... *3414*  
P. O. Address..... *918 Broadway*

**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.

*R C EW*