

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:  
7548 Walnut /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 45 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
Missouri Jackson 48  
(a) State..... (b) County.....  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7548 Walnut 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME JOSEPH R. SNITZ  
3. (b) If veteran, name war. X NO  
3. (c) Social Security No. None

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Rose 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased: April 15, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 0 28 hr. min.

9. Birthplace: Russia 1  
(City, town, or county) (State or foreign country)

10. Usual occupation: Baker (retired)

11. Industry or business

12. Name: Gershon Snitz 6

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

14. Maiden name: (Unknown)

15. Birthplace: " 9  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Wm. B. Stein 1

(b) Address: 7548 Walnut, K.C., Mo.

17. (c) Burial (b) Date thereof: 5/15/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sheffield Cem.

18. (a) Signature of funeral director: J.P. Louis Funeral Home  
(b) Address: 3400 Woodland Ave., K.C. Mo.

19. (a) 5-14-47 Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th  
year 1947 hour 10<sup>00</sup> minute 45 P..M.  
21. I hereby certify that I attended the deceased from March 1st, 1947, to May 13th, 1947  
that I last saw him alive on May 11th, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration 5 min

Due to: Chronic Myocarditis  
Hypertension

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

Major findings: \_\_\_\_\_ 93rd  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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) \_\_\_\_\_  
(c) Means of injury: \_\_\_\_\_

23. Signature: Joseph Getelson (M. D. or other) M.D.  
Address: 1219 Realt. Bldg Date signed: 5-13-47

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

MOTHER FATHER

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*P. L. Lewis*

Licensed Embalmer No. *3110*

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.**