. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3301

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: 7724 BROOKLYN AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 13 YEARS
years, months or days)

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. 7724 BROOKLYN AVENUE 8
(If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME LOY E. SNEARY

3. (b) If veteran, name war NO

3. (c) Social Security No. 479-18-6789

4. Sex MALE C

5. Color or race WHITE

6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of ~~husband or~~ wife MRS. IDA MAE SNEARY

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased MAY (Month) 15 (Day) 1885 (Year)

8. AGE: Years 62 Months 2 Days ~~18~~ 17 If less than one day ..... hr. ..... min.

9. Birthplace HORDEN COUNTY (City, town, or county) OHIO (State or foreign country) 1

10. Usual occupation CIVIL ENGINEER

11. Industry or business SUPERIOR ELECTRIC CO.

FATHER
12. Name EDWARD L. SNEARY
13. Birthplace UNKNOWN (City, town, or county) OHIO (State or foreign country) 1

MOTHER
14. Maiden name ANNA ALEXANDER
15. Birthplace ~~NAUGHNSVILLE~~ (City, town, or county) OHIO (State or foreign country) 1

16. (a) Informant MRS. IDA M. SNEARY

(b) Address 7724 BROOKLYN AVENUE

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof AUG 4 1947 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ DAVENPORT, IOWA

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 8-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 2ND year 1947 hour 2:15 minute A M.

21. I hereby certify that I attended the deceased from 7-31, 1947 to 8-2, 1947 that I last saw him alive on 7-31, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	6 mo
Due to Hypertension	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy	

186 a 18

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) Fell in bathroom

(b) Date of occurrence 8-2-47 123

(c) Where did injury occur? K. C. (City or town) Jackson (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? NO (e) Means of injury —

23. Signature [signature] (M. D. ~~or other~~) 0

Address 75th & Troost Date signed 8-2-47

(Licensed Embalmer's Statement on Reverse Side)

75th v Trask (around from drug store - Upstairs
10-12; 2-5

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 D. P. Nofsinger

Licensed Embalmer No. B 938

P. O. Address Kansas City M

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.