S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 1/49

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31450

Primary Registration District No. 100 I

Registrar's No. 4096

WRITE PLAINLY—USING 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: Lakeside Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hrs. (Specify whether
In this community 8 hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 10812 E. 57th. St. Terr.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Baby Snow
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race W
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 Sept. (Month) 26 (Day) 1947 (Year)

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

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation infant
11. Industry or business
FATHER
12. Name Conrad Snow
13. Birthplace Kansas City, (City, town, or county) Kansas (State or foreign country)
MOTHER
14. Maiden name Virginia Warren
15. Birthplace Pleasant Hill, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Conrad Snow
(b) Address 10812 E. 57th. St. Terr
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director Earp & Sons
(b) Address 4139 E. 15th. St.
19. (a) 9-27-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th. year 1947 hour 2: minute 00 P.M.
21. I hereby certify that I attended the deceased from Sept 26, 1947, to Sept 26, 1947 that I last saw him alive on 9/26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Pulmonary atelectasis

Due to Prematurity

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

159

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

23. Signature James E. Griffin Jr. (M. D. or other)
Address Lakeside Hosp. Date signed 9/27/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ Pack by me, or by _____

_____ Registered Apprentice No. _____,

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.