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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

34682

State File No.

FILED OCT 25 1947

Registration District No. 441

Primary Registration District No. 1002

Registrar's No. 4345

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community 25 yrs. 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. 1412 Troost 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rebecca Snell
3. (b) If veteran, name war no
3. (c) Social Security No. no.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed W
6. (b) Name of husband or wife JOHN SNELL
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Dec. (Month) 8 (Day) 1877 (Year)

8. AGE: Years 69 Months 10 Days 25 If less than one day hr. min.

9. Birthplace HOWARD CO. MO. (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name JAMES SKINNER
13. Birthplace HOWARD CO. MO (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY DOWNEY
15. Birthplace HOWARD CO MO (City, town, or county) (State or foreign country)
16. (a) Informant JESS CRUMPTON (son)
(b) Address 906 NEWTON
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation WOODLAWN Indep. mo.
18. (a) Signature of funeral director J.P. Shirl
(b) Address K.C. MO.
19. (a) 10-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1947 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept. 25, 1947, to Oct. 13, 1947; that I last saw her alive on Oct. 13, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94 W	
Major findings: Of operations	
Of autopsy None	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 10-14-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Gueslen

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 J. P. Sheil

Licensed Embalmer No. 3625

P. O. Address H. 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.