

FILED OCT 21 1947

Registrar's No. 4294

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County JACKSON  
(b) City or town KANSAS CITY Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST VINCENT'S HOSPITAL  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution 10 hrs. 50 min.  
(Specify whether  
In this community 10 hrs. 50 min.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1220 Holmes St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BABY SNITKIE  
3. (b) If veteran, name war no  
3. (c) Social Security No. none  
4. Sex MALE 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 10 - 10 - 47  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 11  
year 1947 hour 6:00 minute \_\_\_\_\_ A.M.  
21. I hereby certify that I attended the deceased from 10 - 10 - 47  
10 1947 to 10 - 11 - 1947  
that I last saw him alive on 10 - 11 - 1947  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>10 hr. 50 min.</u>

Immediate cause of death Prematurity & Anoxemia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 159.  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)  
10. Usual occupation Infant  
11. Industry or business \_\_\_\_\_  
MOTHER { 12. Name ROY W SNITKIE  
13. Birthplace SEMINOLE OKLA  
(City, town, or county) (State or foreign country)  
14. Maiden name JANNIE McDONALD  
15. Birthplace CARTHAGE MISSOURI  
(City, town, or county) (State or foreign country)  
16. (a) Informant Hospital Records  
(b) Address 23rd & College K.C. Mo  
17. (a) Burial (b) Date thereof 10-11-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Great Hill Cem  
18. (a) Signature of funeral director Walter McGilly Eyles  
(b) Address K.C. Mo.  
19. (a) 10-11-47 (b) Geraldine 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?  
While at work (Specify type of place) \_\_\_\_\_ (c) Means of injury U  
23. Signatures: William Campbell (M. D. or other) \_\_\_\_\_  
Address 2031 Campbell Date signed 10-11-47

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.....

*Monro J. Carter*

Registered Apprentice No. *500*

working under my personal supervision.

Signed.....  
*J. H. Ryan*  
Licensed Embalmer No. *2929*

P. O. Address.....  
*ICC*

**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.**