

No. 300  
M-10-47  
5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1338

State File No. \_\_\_\_\_

FILED FEB 7 1948

Registrar's No. 447

Registration District No. \_\_\_\_\_

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  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3740 BENTON BLVD. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 40 YEARS  
years, months or days

3. (a) PRINT FULL NAME LILLIAN EURASIA SYBLL

3. (b) If veteran, name war No

3. (c) Social Security No. 493-26-0524

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife MR. FRED SNELL

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

7. Birth date of deceased MARCH 5 1883  
(Month) (Day) (Year)

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

64 10 25 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace UNKNOWN - KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry H. Snell

(b) Address 3740 Benton Blvd.

17. (a) BURIAL (b) Date thereof JAN. 31-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM

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

(b) Address 1401 BRUSH GREEN BLVD.

19. (a) 1-31-48 (b) Thereldine Holme  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON 48

(c) City or town KANSAS CITY 3

(d) Street No. 3740 BENTON BLVD. 8  
(If rural, give location) (If outside city or town limits, write "RURAL")

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 30th  
year 1948 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis Duration \_\_\_\_\_

Due to arteriosclerosis

Due to presumably of natural causes

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

Major findings: 928

Of operations \_\_\_\_\_

Of autopsy no

History of Impetigo

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) (e) Means of injury \_\_\_\_\_ 3

23. Signature James D. ... (M. D. or other) \_\_\_\_\_  
Date signed 1-31-48

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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.....  
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.**