S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16525

Primary Registration District No. 1002

Registrar's No. 2228

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: ST. LUKES HOSP. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 MONTHS (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO. (b) County: JACKSON

(c) City or town: KANSAS CITY, MO.
(If outside city or town limits, write "RURAL")

(d) Street No.: SOPHIAN PLAZA 46 & WARWICK BLVD.
(If rural, give location)

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

If yes, name country: NO

3. (a) PRINT FULL NAME: MRS. PAULINE E. SNIDER

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

6. (b) Name of husband or wife: O.C. SNIDER

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

7. Birth date of deceased: JAN. (Month) 22 (Day) ~~1884~~ 1884 (Year)

8. AGE: 64 years ~~72~~ ~~74~~ | Months ~~5~~ 4 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace: MO. (City, town, or county) O (State or foreign country)

10. Usual occupation: HOME

11. Industry or business:

12. Name: JUDGE JAMES ELLISON

13. Birthplace: MO. (City, town, or county) O (State or foreign country)

14. Maiden name: CLARA FOUST

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

16. (a) Informant: MRS. HAL S. BRENT

(b) Address: 809 W. 57 th ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 5-27-48 (Month) (Day) (Year)

Place: burial or cremation: MT. WASHINGTON

18. (a) Signature of funeral director: STINE & MCCLURE

(b) Address: KANSAS CITY, MO.

19. (a) 5-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25 year 1948 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from 6-27 1947 to 5-25 1948; that I last saw h. alive on 5-25 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of liver	1 yr
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 46 K	
Major findings: Of operations: Carcinoma of liver	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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: Ewis W Whitely (M. D. or other)

Address: Plaza Med Bldg K.C. Mo Date signed 5-26-48

(Licensed Embalmer's Statement on Reverse Side)

Filed Dec 29 1904

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K.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.

State of Missouri } ss.
County of Jackson

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No.
Local Registrar's No. 2228

On this 12th day of June, 1948, before me appears Pauline S. Brenty, who, upon her oath, states that the original record of ~~birth~~ death for Pauline E. Snider, ~~born~~ died May 25, 1948, in the State of Missouri, and which was filed at Kansas City, Missouri on May 27, 1948, should be corrected as follows:

Item No. 7 should read January 22, 1884
Instead of January 22, 1874

Item No. 8 should read 64 years 4 months 3 days
Instead of 74 years 4 months 3 days

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read Verified by daughter's birth record # 3745-11
Instead of Pauline Ellison Snider, born in Kansas City, Missouri October 9, 1911.

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Pauline S. Brenty Daughter
Relationship.

809 W. 57 ST. K.C. Mo
Present Address.

Subscribed and sworn to before me this 10th day of June, 1948

My Commission expires Oct. 21, 1951

Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667