

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22576

FILED JUL 29 1948
Registration District No. 72

Primary Registration District No. 3013

Registrar's No. 28

1. PLACE OF DEATH:
(a) County Clay
(b) City or town 1202 Clay, North Kans. City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home, 1202 Clay St., N.K.C., Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None
In this community 28 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town North Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1202 Clay St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME ACE CLIFTON SNOW

3. (b) If veteran, name war None 3. (c) Social Security No. 496-16-4156

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years
7. Birth date of deceased August 7 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 11 11 hr. min.

9. Birthplace Platt County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business same

12. Name Samuel Snow

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

14. Maiden name Stella Armstrong

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

16. (a) Informant Lloyd Snow
(b) Address 1202 Clay St., N.K.C., Mo.

17. (a) Burial (b) Date thereof 7/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo.

18. (a) Signature of funeral director Morton-Smith's F.H.
(b) Address 832 Armour Rd., N.K.C., Mo.

19. (a) July 21 - 48 Beulah Kitchens
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th
year 1948 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 12
1948, to July 18, 1948
that I last saw h. im alive on July 18
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia + General Debility
Due to Carcinoma Head of Pancreas
Duration 75 hours
Due to pancreas 2-3 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Hic

Of autopsy

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

23. Signature [Signature] (M. D. or other)
Address 12025 Swift Ave Date signed 7/21/48

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

MOTHER FATHER

WRITE FATHER USE CAREFULY DEARER THAN FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 7-28-18.....

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.....

Robert Hammy

Registered Apprentice No. 47

working under my personal supervision.

Signed *Theron Smith*

Licensed Embalmer No. 3928

P. O. Address *North Lenoir*

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.