

No. 300
1-10-47
5-17-39
I 3906

FILED AUG 26 1948
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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1334 Prospect
(If not in hospital or institution, write street number or location)

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

In this community 59 years
years, months or days

3. (a) PRINT FULL NAME VIRGINIA LOU SNYDER

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex fe 5. Color or race white

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

6. (b) Name of husband or wife Jack Snyder

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

7. Birth date of deceased August 19 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Home maker

11. Industry or business at home

12. Name John L Lange

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

14. Maiden name Unknown

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

16. (a) Informant Gladys Fry

(b) Address 3760 Flora

17. (a) Burial (b) Date thereof 8-2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director C.H. Blackman & Son, Inc

(b) Address 2825 Independence Blvd.

19. (a) 8-2-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1334 Prospect
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 9th 1942 to July 31st 1948
that I last saw her alive on July 31st 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Hypertension

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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 S.D. Ramey (M. D. or other) DO
Address 900 Benton Date signed 8-2-48

Duration 2¹/₂ yrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 O-K McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas City 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.