

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23715**  
**3021**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>JACKSON</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>40 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>4520 MONTBALL AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HAVEN MANOR NURSING HOME</b>			

<b>3. NAME OF DECEASED</b> a. (First) <b>MINNIE</b> b. (Middle) <b>BELL S.</b> c. (Last) <b>WHEAT</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>JULY 8 1950</b>		
<b>5. SEX</b> <b>FEMALE</b>		<b>6. COLOR OR RACE</b> <b>WHITE</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>WIDOWED</b>	
<b>8. DATE OF BIRTH</b> <b>DEC 31 1891</b>		<b>9. AGE</b> (In years last birthday) <b>58 YEARS</b>		If UNDER 1 YEAR: Months <b>6</b> Days <b>8</b> If UNDER 6 HRS: Hours <b>8</b> Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> -----		<b>11. BIRTHPLACE</b> (State or foreign country) <b>GREENSVILLE KANSAS</b>	
				<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	

<b>13a. FATHER'S NAME</b> <b>FREDERICK H. SNYDER</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>LUCINDA ALLEN</b>		<b>13c. NAME OF HUSBAND OR WIFE</b> <b>WILL H. WHEAT</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>MRS. ALMETA WARNER</b> <b>4542 CH ESTNUA RD. KANSAS CITY MO.</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>myocarditis</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 months</b>	
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b> yrs.</b>	
		DUE TO (b) <b>Arteriosclerosis - gen.</b>			
		DUE TO (c) <b>Senility</b>			
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>42</b>	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., to or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from** Mar. 1950 **to** July 8, 1950, **that I last saw the deceased alive on** July 7, 1950, **and that death occurred at** 7:45 A.M., **from the causes and on the date stated above.**

**23a. SIGNATURE:** B. Goldblatt (Degree or title) **23b. ADDRESS:** Harmon Bldg. KCK **23c. DATE SIGNED:** July 8/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **24b. DATE:** BURIAL 11 JULY 10 1950 **24c. NAME OF CEMETERY OR CREMATORY:** MT. MORIAH CEMETERY **24d. LOCATION** (City, town, or county) (State) KANSAS CITY MISSOURI

**DATE REC'D BY LOCAL REG.** 7-10-50 **REGISTRAR'S SIGNATURE:** Therese Holmes **25. FUNERAL DIRECTOR'S SIGNATURE:** D. H. Newsum **ADDRESS:** 1331 BRUSA CREEK KANSAS CITY, MO.

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed.....  
Student Embalmer

Signed *Doyle L. Daniel*  
Licensed Embalmer No. *4703*

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.