

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4131

State File No. 579

FILED JAN 17 1951

| | | | | | | | |
|---|------------------------------|--|--|---|--|---|-----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>72</u> | | PRIMARY REG. DIST. NO. <u>4131</u> | | Registrar's No. <u>3</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Avondale HOME</u> | | c. LENGTH OF STAY (in this place) <u>4 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Avondale</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR # 11, Clay County</u> | | | | d. STREET ADDRESS (If rural, give location) <u>RR # 11, Clay County</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>JESSE</u> | | b. (Middle) <u>B.</u> | | c. (Last) <u>SNYDER</u> | |
| 4. DATE OF DEATH | | (Month) <u>January</u> | | (Day) <u>4,</u> | | (Year) <u>1951</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>March 1, 1885</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months Days | IF UNDER 12 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Veterinarian</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Indiana</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Monroe M. Snyder</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rosalie Miller</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rethel Snyder</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rethel Snyder, RR # 11, Clay Co., Avondale,</u> | | | |
| 18. CAUSE OF DEATH 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Urinary Bladder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Complications due to relapse from</u> DUE TO (c) <u>pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>181X</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Dec. 21, 1950</u> to <u>Jan. 4, 1951</u> , that I last saw the deceased alive on <u>Jan. 4, 1951</u> , and that death occurred at <u>9:50 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Chas. H. Williams D.O. 2</u> | | | | 23b. ADDRESS <u>2 East 39th St., Kansas City, Mo.</u> | | 23c. DATE SIGNED <u>1/4/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>1/5/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan 5-1951</u> | | REGISTRAR'S SIGNATURE <u>Beulah Kitchner</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE, Kansas City, Mo.</u> | | | |

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



MAR 5 1951

503 E. 28

1951 W.A. 4087

Mrs. Lura Childers

Charles Williams

503-28th ave.

FEB 16 1951

VS FEB 23 1960

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 Joseph M. McCarthy

Signed.....
Student Embalmer

Licensed Embalmer No. 4694

P. O. Address N.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.

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

State of Missouri

County of Jackson

SS.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 579 (579)

Local Registrar's No. _____

On this 6th day of March, 1951, before me appears Rethel L. Snyder
widow and survivor of Jesse B. Snyder who, upon her oath, states that the original record of ~~her~~ death
for Jesse B. Snyder died January 4th, 1951, 19____, in the State of
Missouri, and which was filed at Jefferson City, Mo. on 1/17/1951, should be corrected as follows:

Item No. 4 should read January 4th, 1951

Instead of January 4th, 1950.

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

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 Rethel L. Snyder Widow
Relationship.

Route No. 11, North Kansas City, 16, Mo.
Present Address.

Subscribed and sworn to before me this 6th day of March, 1951

My Commission expires August 31st, 1954

George W. ... Notary Public.

1911

1912

1913

1914