

FILED AUG 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27201
3389

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>2 years</u>		d. STREET ADDRESS (If rural, give location) <u>1333 Benton Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3122 Cleveland Avenue</u>			
3. NAME OF DECEASED a. (First) <u>BERTHA</u>		b. (Middle) <u>ELIZABETH</u>	
c. (Last) <u>SNYDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 6 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 24, 1874</u>
9. AGE (In years last birthday) <u>77</u>		10. UNDER 1 YEAR: Months _____ Days _____	
11. UNDER 18 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (State or foreign country) <u>Osage, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edward P. Keller</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>John A. Snyder</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Florence Knight</u>	
18. ADDRESS <u>3122 Cleveland</u>		19. ADDRESS <u>3122 Cleveland</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis - General</u>	
DUE TO (c) <u>None Known</u>		-	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.		<u>None Known</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. 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) <u>7/30/51</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7:30 PM</u> , to <u>8:15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/5</u> , 19 <u>51</u> , and that death occurred at <u>7:30 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William B. Allen MD</u> (Degree or title)		23b. ADDRESS <u>Allen McPhoy June Bg</u>	
23c. DATE SIGNED <u>8/16/51</u>		24. BURIAL, CREMATION, REMOVAL (Specify)	
24a. DATE <u>August 8, 1951</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24c. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		24d. DATE REC'D BY LOCAL REG. <u>8-7-51</u>	
24e. REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		24f. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Newcomer</u>	
24g. ADDRESS <u>Kansas City, Mo.</u>		24h. ADDRESS	

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

1:00 PM

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Doyle L. Daniel*

Licensed Embalmer No. *4702*

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.