

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3151

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY PETTIS	
b. CITY OR TOWN KANSAS CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place) 6 mos.	c. CITY OR TOWN LA MONTE
d. FULL NAME OF HOSPITAL OR INSTITUTION Colonial Nursing Home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) R.R. #1	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) MILTON c. (Last) SNYDER			4. DATE OF DEATH (Month) (Day) (Year) July-7-1954		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 8-1879	9. AGE (In years last birthday) 75 # UNDER 1 YEAR Months - Days - # UNDER 4 HRS. Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) NORTHUM BERLAND CO. PA. U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Killian SNYDER		13b. MOTHER'S MAIDEN NAME SARAH HOCK		14. NAME OF HUSBAND OR WIFE SARAH SNYDER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John M. Snyder, Missour, Kansas	

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		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Diabetes mellitus			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **2-16**, 19**54**, to **7-6**, 19**54**, that I last saw the deceased alive on **7-5**, 19**54**, and that death occurred at **4:55** p.m., from the causes and on the date stated above.

23a. SIGNATURE Lee C. Taylor (Degree or title) MD		23b. ADDRESS Arroyo Blvd K.C., Mo		23c. DATE SIGNED 7-7-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July-8-1954		24c. NAME OF CEMETERY OR CREMATORY Stony Point Cem.		24d. LOCATION (City, town, or county) (State) Wyandotte County, Kansas	
DATE REC'D BY LOCAL REG. 7-7-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackburn & Son Inc.		ADDRESS K.C., Mo.	

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

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.....
Signature of Student Embalmer

Signed *Bert B. Bennet*.....

Licensed Embalmer No. *465*.....

P. O. Address *Kansas*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.