

REC'D AUG 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26948

Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 797
(b) Township Miami Primary Registration District No. 4477
(c) City Miami, Mo (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 6

2. PRINT FULL NAME

534
Name Samuel Oscar Sneathen
(a) Residence, No. Miami St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Scilla M. Gary
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1867
7. AGE YEARS 72 MONTHS 1 DAYS 29
IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo.

FATHER
13. NAME Wm F. Sneathen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Illinois

MOTHER
15. MAIDEN NAME Elizabeth Neas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo.

17. INFORMANT (ADDRESS) Mrs Roy Franklin Marshall, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall, Mo DATE July 13, 1939

19. FUNERAL DIRECTOR (ADDRESS) J. C. Sursey Marshall, Mo20. FILED 7-13 1939 Mrs Aubrey Wayne Medical Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12 1939
22. I HEREBY CERTIFY, That I attended deceased from 9-7, 1936, to 7-12, 1939
I last saw him alive on 7-7, 1939. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Central Thrombosis Date of onset 5/6/39
Mitral Regurgitation 92W years ago

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. J. Sullivan, M. D.
(Address) Miami, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8/11/39

STATEMENT BY LICENSED EMBALMER

I, J Leslie Sweeney, Licensed Embalmer No. 3235
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
 L. E.
No. or by , Registered Apprentice No.
working under my personal supervision.

Signed J Leslie Sweeney
Licensed Embalmer No. 3235

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.)