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APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10881

State File No. _____

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
822 W. Maple Ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Ms. Maxie Bell Harra Sneed

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rev. J. H. Sneed

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Nov. 2 - 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>4</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Fair Play Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

MOTHER FATHER

12. Name William Farmer Bell

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Wood Davis

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Eunice Harra

(b) Address Buckner, Mo.

17. (a) Burial (b) Date thereof Mar. 16 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Cemetery

18. (a) Signature of funeral director Chas. Mitchell

(b) Address Independence, Mo.

19. (a) March 17, 1941 (b) H. L. Cook, M.D.
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 822 W. Maple
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1941 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 21, 1939 to March 14, 1941
that I last saw her alive on March 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
General visceral carcinoma atoxic
Primary carcinoma of fundus of the gall bladder
due to gall stones?

Duration
<u>6 mo</u>

Other conditions 4/6

Major findings:
Cholelithiasis & cholecystitis of the fundus of the gall bladder
carcinoma

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3/0

While at work? _____ (e) Means of injury _____

23. Signature H. L. Cook (M. D. or other) M.D.
Address Independence, Mo. Date signed 3/15/41

WRITE PLAINLY—USE 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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Henry H. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indy, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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