

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr Middle 25546

State File No. _____

FILED AUG 18 1941 7

Primary Registration District No. 5703

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macon
(b) City or town RR Bever 1 mi
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1/2 mile South of #36 Highway near Bever
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town Bever
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mile South #36 Highway near Bever
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James M Sneed

3. (b) If veteran,

name war none

3. (c) Social Security

No. no

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased. Sept 28 1850

(Month) (Day) (Year)

8. AGE:

Years 90 Months 9 Days 14 If less than one day
hr. _____ min. _____

9. Birthplace

Bever (City, town, or county) Mo (State or foreign country)

10. Usual occupation

Retired coal miner

11. Industry or business

MOTHER FATHER

12. Name A J Sneed

13. Birthplace Ky (State or foreign country)

14. Maiden name Elizabeth Johnson

15. Birthplace Ky (State or foreign country)

16. (a) Informant Minnie Lewis

(b) Address macon mo

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof July 14-41 (Month) (Day) (Year)

(c) Place: burial or cremation Johnson cemetery

18. (a) Signature of funeral director Albert S. ...

(b) Address macon mo

19. (a) Aug 4 1941 (Date received local registrar)

(b) Edw. Livingston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1941 hour 11:15 minute a M.

21. I hereby certify that I attended the deceased from July 10, 1941 to July 12, 1941 that I last saw him alive on July 12, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (chronic)

Due to arteriosclerosis

Due to gla

Other conditions gla (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Dr E D Weidner (Physician's signature)
Address Bever, Mo Date signed 7/14/41

470 (Licensed Embalmer's Statement on Reverse Side)

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

100

RECEIVED

District Health Officer No. 10

District File Number 8-41-1490

Date Filed AUG 13 1941

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

George Hile

Licensed Embalmer No. 4066

P. O. Address Mason, 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.