

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 30 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1222

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 3402 Sacramento
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME HARRY SNEED

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10, year 1942 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 10 1942 to Dec 10 1942
that I last saw him alive on Dec 10 1942 and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Delia Sneed

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June 10 1868
(Month) (Day) (Year)

Immediate cause of death Krenia Chr. Blom nephritis

Due to 1316

Other conditions Hypertrophy of prostate
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>0</u>	hr. _____ min.

9. Birthplace Lettis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

MOTHER FATHER { 12. Name John M. Sneed

{ 13. Birthplace Danville Kentucky
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Jane Stewart

{ 15. Birthplace Danville Kentucky
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Harry Sneed

(b) Address 3402 Sacramento St. Joseph Mo.

17. (a) removal (b) Date thereof 12/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director Heaton B. Gales Bowman

(b) Address 1001 St. Joseph, Mo.

19. (a) 12-11-42 (b) Rae Herzog
(Date received local registrar) (Registrar's signature)

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 J. J. Phares (M. D. or other) no

Address St. Joseph, Mo. Date signed 12/10/42

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 12/10/42

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St Joseph, 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.