

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29909

FILED OCT 1 1945

State File No. _____
Registrar's No. 3850

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 3904 Indiana
(d) Length of stay: In hospital or institution 60 Years
In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 4321 Broadway
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME EDWARD SNEAD
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 14th.
year 1945 hour 6:50 P. M. minute M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Nell Snead
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased January 13th. 1882

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 8 Days 1

Immediate cause of death. Coronary sclerosis
Due to arterio sclerosis

9. Birthplace Holden Missouri

Other conditions. (Include pregnancy within 3 months of death) gya
Major findings: Of operations. History of angina

10. Usual occupation City Fireman

11. Industry or business Fire Department

12. Name Richard Alexander Snead

13. Birthplace Tennessee

14. Maiden name Mary Moore

15. Birthplace Wellington Missouri

16. (a) Informant Mrs. Nell Snead
(b) Address 4321 Broadway

17. (a) Burial (b) Date thereof 9/17/1945
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd Street

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

23. Signature James Walker
Date signed 9-15-45

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

MOTHER FATHER

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.