

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28719**

Registration District No. **296** Primary Registration District No. **4-445-6019** Registrar's No. **30**

1. PLACE OF DEATH:
(a) County **Ray**
(b) City or town **3 Miles West of Orrick, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community **Non Resident** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Randolph**
(c) City or town **Huntsville.**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **John E. Sneed**
3. (b) If veteran, name war **World War # 1 & 2** 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **aug** day **19**
year **1947** hour **about 5** min. **A** M.
21. I hereby certify that I attended the deceased from
that I last saw him alive on
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 **Single**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased **Aug 10 1913**
(Month) (Day) (Year)

Immediate cause of death
hit by train
Due to
Due to
Other conditions:
(Include pregnancy within 3 months of death)

8. AGE: Years **35** Months **0** Days **9**
If less than one day hr. min.
9. Birthplace **Huntsville Mo.**
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business
12. Name
13. Birthplace
14. Maiden name
15. Birthplace

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident 89**
(b) Date of occurrence **aug 19, 1947**
(c) Where did injury occur? **of Railroad Rightway near creek, mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **no** (Specify type of place) (e) Means of injury

16. (a) Informant **Coroner From Papers in Pocket**
(b) Address **Richmond, Mo.**
17. (c) **Removal** (b) Date thereof **8-10-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Huntsville**
18. (a) Signature of funeral director **B. W. Good**
(b) Address **Orrick, Mo.**
19. (a) **8/19/47** (b) **Helen J. Larkin**
(Date received local registrar) (Registrar's Signature)

23. Signature **John F. Baber** (M.D. or other)
Address **Richmond mo** Date signed **8/19/47**

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

RECEIVED

District Health Officer No. 6,

District File Number.....

Date Filed. 8-28-47

AUG 20 1947

SEP 11 1947

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.....

not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

SEP 8

Registration District No. 296

Primary Registration District No. 6019

Registrar's No. 306

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rural
(c) Name of hospital or institution
(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

John E Sneed

3. (b) If veteran name war

3. (c) Social Security No.

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

aug 10
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

35

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country) mo

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County
(c) City or town Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 19 Year 1947
hour minute M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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 (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

MOTHER FATHER

S-28719