

MO JAN 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41737
Do not use this space.

1. PLACE OF DEATH

(a) County Washburn Registration District No. 399
(b) Township Law Primary Registration District No. 1602 Registered No. 4803
(c) City Lansing City (d) Street No. 2020 Nine (State Dept) St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 530 Martin G Sneed St. (If nonresident, give city or town and State)
4146 Warwick (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa B. Sneed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1872

7. AGE YEARS 66 MONTHS 9 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as saw mill, bank, etc. Water works Dept
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo

FATHER 13. NAME James M. Sneed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patrick Co. N. Va.

MOTHER 15. MAIDEN NAME Elizabeth C. Cooper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co N. Va.

17. INFORMANT (ADDRESS) Mrs. Mary C. Patton
4146 Warwick

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs DATE Dec. 10 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. Newcomer
Brushcreek & Pass

20. FILED Dec 9 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19... I last saw him alive on Dec 8 1938, 19... Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

Coronary sclerosis Date of onset
Chronic diffuse myocardial fibrosis
Acute pulmonary edema

Other contributory causes of importance: 930

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19...
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Walter H. Satter M. D.
(Address) Gen Hosp; K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5014-10-38 I X14023

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 *Lawrence Carr*

Licensed Embalmer No. *4031*

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, above space should be left blank.