

FILED FEB 15 1940

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

4095  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Vernon Registration District No. 875  
(b) Township Center Primary Registration District No. 3039 Registered No. 11  
(c) City Nevada (d) Street No. 1205 W. Austin 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 540 Amanda Jane Sneed

(a) Residence, No. 1305 W. Austin St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
83 11 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Invalid  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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) Albany, Mo.

FATHER 13. NAME Shelton Austin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Margaret Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. C. G. Ephland Nevada Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chase Branch Cemetery Jan 16, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home Nevada Mo.

20. FILED Jan 16, 1940 Allen V. Hays Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 to Jan 13, 1940  
I last saw her alive on Jan 13, 1940 Death is said to have occurred on the date stated above, at 7:00 P. m.  
The principal cause of death and related causes of importance were as follows:

Cerebral  
Hemorrhage  
92 W'  
Hypertension

Other contributor causes of importance:

Name of operation none Date of ✓

What test confirmed diagnosis? exam Was there an autopsy? no

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? no

If so, specify .....

(Signed) W. P. Love, M. D.

(Address) Nevada Mo.

Date of onset

Jan 12 1940

Don't know

RECEIVED

District Health Officer No. 7,

District File Number ~~2-14-40~~

Date Filed

2-14-40

2-40-281

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 Personal

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

working under my personal supervision.

Signed

Lloyd R. Winsett

Licensed Embalmer No. 3857

P. O. Address Newada, 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, above space should be left blank.