

FILED APR 18 1940

Registration District No. 2

Primary Registration District No. 0011

Registrar's No. _____

1. PLACE OF DEATH:

(a) County ANDREW - Co - Lin.
(b) City or town RURAL
(c) Name of hospital or institution RFD #2 - St Joseph 2nd
(d) Length of stay: In hospital or institution 33 yrs.
In this community 33 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ANDREW
(c) City or town RURAL
(d) Street No. RFD #2 - St Joseph 2nd
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME LEMUEL - M - SNEARY

8. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Francis 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 19 1861

8. AGE: Years 78 Months 11 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Lima Ohio

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Jacob Sneary
13. Birthplace unk Ohio
14. Maiden name Mary Gauder
15. Birthplace unk unk

16. (a) Informant my Incead Sneary
(b) Address R R 202

17. (a) Burial (b) Date thereof May 9 - 40

(c) Place: burial or cremation St. J. Novak Cemetery

18. (a) Signature of funeral director J. F. Stamer
(b) Address St Joseph 2nd

19. (a) _____ (b) J. W. Holcomb

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1940 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept 15 39 to Mar 7 40 that I last saw him alive on Feb 11 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of rectum

Due to _____

Due to _____

Other conditions _____

Major findings: Of operations none

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. F. Stamer (M. D. or other) _____

Address RFD #2 St Joseph Date signed 3/7/40

Table with 2 columns: Duration, PHYSICIAN. Duration is blank. PHYSICIAN is blank.

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

District File Number 440-457
District File Number 440-457
Date Filed APR 8 1940

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, John H. Hurley, Registered Apprentice No. _____, working under my personal supervision.

Signed John H. Hurley
Licensed Embalmer No. 4050
P. O. Address 2328 St Joseph Ave

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.