

DEC 18 1940 **508**

Primary Registration District No. **3026**

Registrar's No. **154**

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

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
218 Second Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether 0)
In this community 69 years
(years, months or days)

3. (a) PRINT FULL NAME Maniza Bell Sneed
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alonzo Sneed 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AGE 21 N. KNOWN
(Month) (Day) (Year)

8. AGE: Years abt 85 Months _____ Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Chillicothe Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Pleasant Bell
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Phoebe Jones
15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Victor Alex
(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 12-11-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Negro Cem.

18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri

19. (a) 12-9-40 (b) HM [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 218 Second Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec 8 day _____
year 1940 hour 11:30 minute _____ M.
21. I hereby certify that I attended the deceased from Dec 8
1940 to Dec 8 1940
that I last saw him alive on Dec 8 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart decompensation
Due to Bronchial pneumonia 4 day
Duration 1 year

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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?

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While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Chillicothe, Mo Date signed 12/9/40

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.....

Elton F. Norman & E. R. Norman (2374)..... Registered Apprentice No.....
working under my personal supervision.

Signed Elton F. Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his'OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.