

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36424

Registration District No. 903

Primary Registration District No. 6211

Registrar's No.

1. PLACE OF DEATH:

- (a) County Worth
 (b) City or town Alendale Rural Smithway
 (If outside city or town limits, write "RURAL" and name of township)
 (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 about three yrs
years, months or days3. (a) PRINT FULL NAME BENJAMIN FRANKLIN SNEAD

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

4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced MI

6. (b) Name of husband or wife
- Lizzie Snead

6. (c) Age of husband or wife if alive
- 23
- years (Day) (Year)

7. Birth date of deceased
- Mar 23 1879
-
- (Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 25 If less than one day
hr. min.

9. Birthplace
- Gentry County Missouri
-
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Farmer

11. Industry or business

12. Name
- George Snead

13. Birthplace
- Gentry County Missouri
-
- (City, town, or county) (State or foreign country)

14. Maiden name
- Bessie Barnett

15. Birthplace
- Gentry County Missouri
-
- (City, town, or county) (State or foreign country)

16. (a) Informant's own signature
- Lizzie Snead

- (b) Address
- Alendale MO

17. (a)
- Burial
- (b) Date thereof
- July 19 1941
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director
- W. L. Noble

- (b) Address
- New Hampton MO

19. (a)
- Sept 11 1941
- (b)
- Clifford Hays
-
- (Date received local registrar's signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Worth
 (c) City or town Alendale Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. North of Alendale 2 1/2 miles
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- July
- day
- 17
-
- year
- 1941
- hour
- 12
- minute
- 20
- P. M.

21. I hereby certify that I attended the deceased from
- March 10
- , 19
- 41
- , to
- July 17
- , 19
- 41
- ,
-
- that I last saw him alive on
- July 16
- , 19
- 41
- ,
-
- and that death occurred on the date and hour stated above.

Immediate cause of death Mental Refugation of heartDue to ✓Due to ✓Other conditions ✓
(Include pregnancy within 3 months of death)Major findings: ✓Of operations ✓Of autopsy W

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 injury23. Signature W. L. Noble (M. D. or other)Address Alendale MO Date signed 7-20-41

(Licensed Embalmer's Statement on Reverse Side)

Duration

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

W. G. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.