No. 2
-4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1942

Registration District No. 411

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6965

Primary Registration District No. 2002

Registrar's No. 9

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Week (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Kansas (b) County Cherokee
(c) City or town Baxter Springs, Kans.
(If outside city or town limits, write "RURAL")
(d) Street No. 1441 Lincoln 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Clyde Forrest Sneed
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Alice
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased July (Month) 15 (Day) 1896 (Year)

8. AGE: Years 45 Months 6 Days 21 If less than one day hr. min.

9. Birthplace (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Former of Ice Plant
11. Industry or business Ice Co.
MOTHER FATHER
12. Name John Sneed
13. Birthplace (City, town, or county) Kans. (State or foreign country)
14. Maiden name Nancy Lee
15. Birthplace (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Lloyd Sneed
(b) Address Baxter Springs Kans
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 5, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Baxter~~ Galena, Kans
18. (a) Signature of funeral director Walter H. Hoskins
(b) Address Baxter Springs, Kans
19. (a) 2-7-42 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 5 day 5
year 1942 hour 3 minute 30 P M.
21. I hereby certify that I attended the deceased from Sept. 15, 1941, to Feb 5, 1942,
that I last saw him alive on Feb 5, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized tuberculosis	3 mos
Due to Pulmonary Tuberculosis	6 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 136'
Of autopsy None

PHYSICIAN
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature O. L. Martin (M. D. or other)
Address Baxter Springs Ks Date signed Feb 7 '42

(Licensed Embalmer's Statement on Reverse Side)

42-2-189

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.....

Licensed Embalmer No.....

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, fact should be so stated above.