

FILED JUL 24 1942

State File No.

Registration District No. 7-13-714

Primary Registration District No. 7-13-5943

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Big Piney, Twp

(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 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Pulaski

(c) City or town Big Piney

(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country.

3. (a) PRINT FULL NAME Thure Viola Sneed

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

4. Sex Female! 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Lina Sneed 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug 30 1882

8. AGE: Years 57 Months 11 Days 22 If less than one day hr. min.

9. Birthplace Bloodlunk Mo

10. Usual occupation Housewife

11. Industry or business

12. Name Oliver Stoyard

13. Birthplace unknown

14. Maiden name Thelma Groth

15. Birthplace unknown

16. (a) Informant Thure Sneed (b) Address Big Piney

17. (a) Burial (b) Date thereof 7-9-42 (c) Place: burial or cremation Big Piney

18. (a) Signature of funeral director R. H. Sneed (b) Address Bloodlunk Mo

19. (a) 7-13-1942 (b) L. H. M. Floyd (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 27 1942 to May 14 1942 that I last saw her alive on May 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus

Due to Carcassons of Spiders, Wasp and surrounding tissues

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations HSB Of autopsy

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 injury

23. Signature R. O. Dermitt (M. D. or other) Address Waynesville Date signed 7-12-42

Duration Physician Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1170

RECEIVED

Pulaski County Health Officer

File Number 7-42-165

Date Filed 2-15-42

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. 3198

P. O. Address Rehland

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.