

FILED JAN 14 1943

Registration District No. 275

Primary Registration District No. 5942

Registrar's No. 131

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla Rural
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1
In this community 90-5-16
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps 81
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. East of Rolla, MO
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Jefferson Sneed

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 Married
6. (b) Name of husband or wife Mary E. Jones 6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased June 26 1852
(Month) (Day) (Year)

8. AGE: Years 90 Months 5 Days 16 If less than one day hr. min.

9. Birthplace Phelps Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Unknown
13. Birthplace " 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Snodgrass

(b) Address Rolla, MO

17. (a) Burial (b) Date thereof 12-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adams Cemetery

18. (a) Signature of funeral director W. J. Smith

(b) Address Rolla, MO

19. (a) 12-12-42 (b) J. E. Maecher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12
year 42 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-11
1942 to 12-12 1942
that I last saw him alive on 12-11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema (at lower lobe) 2 days

Due to

Due to Smoking 100

Other conditions Smoking
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature E. E. Faid M.D. (M. D. or other)
Address Rolla MO Date signed 12-14-42

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

MOTHER FATHER

1092

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 *James H. Hallam*
Licensed Embalmer No. *3643*
P. O. Address *Cuba, 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, fact should be so stated above.