V. S. No. 2
DM—9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11280

State File No.

FILED MAR 16 1943

Registration District No. 312

Primary Registration District No. 44-59 6054

Registrar's No. 3

93
0
0

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

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Monegaw Springs (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 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 93

(a) State Missouri (b) County St. Clair 0

(c) City or town Monegaw Springs (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Joseph Richard Sneed

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Ella Sneed

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased January 18 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	11	24	hr. min.

9. Birthplace Blue Springs Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Retired

FATHER
12. Name Richard Francis Sneed
13. Birthplace Virginia 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Finley
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Ella Sneed

(b) Address Lone Jack Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-14-43 (Month) (Day) (Year)

(c) Place: burial or cremation Lone Jack Mo

18. (a) Signature of funeral director Osceola Missouri

(b) Address Osceola Missouri

19. (a) Jan. 12-43 (Date received local registrar) (b) V. E. Lotz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12 year 1943 hour 6 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Found dead in chair. Hemmorage of lungs. No indications

Due to of foul play. Had suffered with T.B. for ten years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13 b

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 Forrest B. Goodrich (M. D. or other) 3

Address Osceola Mo Date signed 1/12/43

1101 Minnie Foster Deputy Licensed Embalmer's Statement on Reverse Side Coroner St. Clair Co

District Health Officer No. 7d

District File Number 2-43-7

Date Filed 3-3-43

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 Chas Gilbert Hathaway

Licensed Embalmer No. 42167

P. O. Address Decisola, Ms

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.