S. No. 2
M—5-42
V. 5-17-43
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

21480

State File No.

Registration District No. 139 Primary Registration District No. 5508 Registrar's No. 123

12
00

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Rural Deepwater Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 Mi N & W of Montrose
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Rural Deepwater Twp
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Mi N & W of Montrose
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

42

3. (a) PRINT FULL NAME Joseph H Sneiman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia Sneiman
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased 2 (Month) 2 (Day) 1858 (Year)
8. AGE: Years 85 Months 4 Days 13 If less than one day hr. min.
9. Birthplace Scott Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Henry Sneiman
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Henry Sneiman
(b) Address Montrose Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 17 43 (Month) (Day) (Year)
(c) Place of burial or cremation Germantown cem
18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo
19. (a) June 16 1943 (Date received local registrar) Georgia Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1943 hour 3 minute 00 P.M.
21. I hereby certify that I attended the deceased from May 1 1943 to June 13 1943 that I last saw him alive on June 13 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Malnutrition | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis | |
| 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. E. Baggerly (M. D. or other)
Address Montrose Mo Date signed 6-17-43

1069 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-43-640
Date Filed 7-8-43

## 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 Fred D Wilkinson

Licensed Embalmer No. 5478

P. O. Address Clinton

**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.**