

FILED AUG 6 1943 149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3117

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: K.C. TB Hosp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 hr 12 d.
(Specify whether years, months or days)
 In this community 35 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits write "RURAL")
 (d) Street No. 124 Lawn
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Roy Sneed

3. (b) If veteran, name war No. 47 3. (c) Social Security No. 703-03-9400

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced, Separated
 6. (b) Name of husband or wife No Record 6. (c) Age of husband or wife if alive 18 yrs
 7. Birth date of deceased 9 10 1897
(Month) (Day) (Year)

8. AGE: Years 51 Months 10 Days 4 If less than one day hr. min.

9. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman

11. Industry or business Terminal R.R.

12. Name Patrick Sneed

13. Birthplace No Record Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Pickett

15. Birthplace No Record Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Records K.C. TB Hosp

(b) Address Linds Mo.

17. (a) Burial (b) Date thereof 7-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park C.M. R.P. Maus

18. (a) Signature of funeral director Guth Funeral Home

(b) Address 1901 Bluff Blvd. R.P. Kansas

19. (a) 7-16-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 14
 year 43 hour 8 32 minute A M.

21. I hereby certify that I attended the deceased from 6-2-1943
 to 7-14 1943
 that I last saw him alive on 7-14 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 6 m.

Due to 13 yr

Due to _____

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

Major findings: Of operations _____
 Of autopsy as above

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 Matthew J. Noon (M. D. or other) _____
 Address K.C. TB Hosp Date signed 7/15/43

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

MOTHER FATHER

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..... *Wm L Ward*

Licensed Embalmer No..... *3991*

P. O. Address..... *309 E 67th St*

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.

W.L.M.