

SEP 8 1943
Registration District No. **275**

Primary Registration District No. **3053**

Registrar's No. **84**

1. PLACE OF DEATH:

(a) County **Phelps**

(b) City or town **Rolla**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
24 Rolla Gardens 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **88yr-5mo** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Phelps**

(c) City or town: **Rolla**
(If outside city or town limits, write "RURAL")

(d) Street No. **24 Rolla Gardens**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary F. Sneed**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased **March 3 - 1855**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

88 5 23 hr. min.

9. Birthplace **Waynville Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Homemaker**

11. Industry or business _____

MOTHER FATHER { 12. Name **Steve Jones**

{ 13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Unknown**

{ 15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Chas Snodgrass**

(b) Address **24 Rolla Gardens - Rolla, Mo**

17. (a) **Burial** (b) Date thereof **8-29-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Adams Cemetery**

18. (a) Signature of funeral director **Alfred Smith**

(b) Address **Rolla**

19. (a) **8-29-1943** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **26**
year **1943** hour **7** minute **20** P.M.

21. I hereby certify that I attended the deceased from **April 6**, 1943, to **Aug 25**, 1943
that I last saw her alive on **Aug 25**, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: **Malnutrition & ravages of old age**

Due to _____

Due to _____

Other conditions: **none**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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)

Means of injury _____

22. Signature **Johnny M. ...** Rolla, Mo. Date signed **8/26 1943**

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

31
2
2

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 *J. H. Hall*
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.