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1-8-13
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1944
Registration District No. 156

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28068

State File No. _____

Primary Registration District No. 2001

Registrar's No. 398

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Derfelt Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days
(Specify whether years, months or days) 61 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 47
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 229 McConnell
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1944 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from August 1943 to August 12 1944
that I last saw him alive on Aug 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure
Due to: Pulmonary Tuberculosis
Due to: Generalized Tuberculosis
Other conditions: 1371
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations: Tuberculosis
Of autopsy: Tuberculosis
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 _____
23. Signature: H. H. Verdy (M. D. or other) _____
Date signed: 8/13/44
Address: 2114 Joplin

3. (a) PRINT FULL NAME Charles Beason Snead

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

4. Sex male / 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 11, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 6 1 hr. _____ min.

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired miner

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Snead
13. Birthplace Joplin Missouri 0
(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. Otho Stokes
(b) Address 229 McConnell, Joplin, Mo.
17. (a) burial (b) Date thereof 8/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cemetery
PARKER-HUNSAKER

18. (a) Signature of funeral director _____
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 8-14-44 (b) J. H. Verdy
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

1204

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

44-8-669

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.