

FILED SEP 21 1944

State File No. _____
Registrar's No. 907

Registration District No. 42 Primary Registration District No. 1500

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: State Hospital No. 2
(d) Length of stay: In hospital or institution 1 yr 1 mo 26 da
In this community 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3810 Chestnut
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME CHARLES SNEED
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 17
year 1944 hour 9 minute 9 A.M.

4. Sex M 5. Color or race W
6. (b) Name of husband or wife Marie Sneed
7. Birth date of deceased 1888

21. I hereby certify that I attended the deceased from 9/17 1944 to 9-17 1944
that I last saw him alive on 9-16 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months ? Days ? If less than one day hr. min.

Immediate cause of death acute dilatation heart

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

Due to chronic myocarditis

10. Usual occupation not given

Other conditions Heart & Vascular System
Due to _____

11. Industry or business _____
12. Name not given
13. Birthplace not given
14. Maiden name not given
15. Birthplace not given

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Record Hospital
(b) Address St Joseph Mo
17. (a) Burial, cremation, or removal _____ (b) Date thereof 9-17-44
(c) Place: burial or cremation Kansas City Kansas

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director E. J. ...
(b) Address Kansas City Mo
19. (a) 9/17/44 (b) Helen J. Pugh

23. Signature E. J. ... (M. D. or other) _____
Address St Joseph Mo Date signed _____

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

MOTHER FATHER

APR 26 1948

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.....

Chaswick

Licensed Embalmer No.....

2644

P. O. Address.....

Hansons Creamery

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.