

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40189

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Albany Rural Howard Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1/2 mile NE of Albany
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
(Specify whether
In this community Entire Life
years, months or days)

3. (a) PRINT FULL NAME HENRY EDWARD SNEAD

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 M
6. (b) Name of husband or wife Sallie Ann Snead 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Aug 20 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Henry County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Benjamin Frankland Snead
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Bethie Bolton
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Sallie Ann Snead
(b) Address Albany MO

17. (a) Burial (b) Date thereof Nov 17 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loon Star

18. (a) Signature of funeral director W. H. Noble

(b) Address New Hampton MO

19. (a) Dec 4-1946 (b) Anna H. Noble
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 38
(c) City or town Albany Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mile NE of Albany MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1946 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov 14 46 to Nov 15 46
that I last saw him alive on Nov 14 46
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 7 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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? 21

While at work (Specify type of place) Means of injury

23. Signature Charles J. Williamson (M. D. or other) 20
Address Henry MO Date signed 12-7-46

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

W. S. Noble

Licensed Embalmer No. 2904

P. O. Address.....

New Hampton 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.