

No. 2
-12-45
-5-17-39
I X47070

FILED NOV 24 1947
Registration District No. **49**

Primary Registration District No. **1002**

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: **Research Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **5 Mo. 7 Da.**
(Specify whether years, months or days)

In this community **28 years**

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. **4936 Walrond**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Mr. Arthur E. SNEED**

3. (b) If veteran, name war **World War I**

3. (c) Social Security No. **480-81-2158**

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Elizabeth Sneed**

6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **November 26, 1893**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | 53 | 11 | 15 | hr. _____ min. |

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

10. Usual occupation **Druggist**

11. Industry or business **Sneed Drug Store**

12. Name **John H. Sneed**

13. Birthplace **Stanton, Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Virginia Kemp**

15. Birthplace **Fulton, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Elizabeth Sneed**

(b) Address **4936 Walrond, K. C., Mo.**

17. (a) **Burial** (b) Date thereof **11-13-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Independence, Mo**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**

(b) Address **Kansas City, Missouri**

19. (a) **11-13-47** (b) **Seraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November**, 11
year **1947** hour **11:55** minute **9** A.M.

21. I hereby certify that I attended the deceased from **January 20**, 19**46** to **November 11**, 19**47**; that I last saw him alive on **November 11**, 19**47**; and that death occurred on the date and hour stated above.

Immediate cause of death:

1. **Hypoglycemia** - **2 days**

2. **Congestive heart failure** - **4 mos.**

Due to **Chronic coronary artery disease and occlusion** - **1 year**

Due to **Cor pulmonale** - **2 years**

3. **Terminal pulmonary infection** - **1 day**

4. **Asotemia** - **3 days**

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy **as above**

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 _____

23. Signature **Graham Asher** (M. D. or other) **M.D.**
Address **1220 Professional Bldg** Date signed **11-11-47**

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

MOTHER, FATHER

668

NOV 24 1947

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

Thomas J. Carter

Registered Apprentice No. *500*

working under my personal supervision.

Signed

J. H. [Signature]

Licensed Embalmer No. *2699*

P. O. Address

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.