No. 2
-1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 29 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7930

Primary Registration District No. 1000

Registrar's No. 363

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3402 Sacramento St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3402 Sacramento St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Delia May Sneed:
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Harry Sneed
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 1 (Day) 1868 (Year)

8. AGE: Years 79 Months 10 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Bellevue (City, town, or county) Ohio (State or foreign country)
10. Usual occupation At home
11. Industry or business A t home
FATHER
12. Name John Decker
13. Birthplace Bellevue (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Elizabeth Stetler
15. Birthplace Bellevue (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. H. G. F. Schmidt,
(b) Address St. Joseph, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Mo.
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 3-25-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1948 hour 8 minute 40 A M.

21. I hereby certify that I attended the deceased from 12-2-1946, 19..., to 3-26-48, 19...; that I last saw her alive on 3-19-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Hypostatic	5 days
Due to Arteriosclerotic Heart Disease	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93.5

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H C Senne (M. D. or other) O
Address 207 Ox S Bldg St Joseph Mo Date signed 3-20-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

APR 5 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 Eugene Wood

Licensed Embalmer No. 380 X

P. O. Address 319 So 10th, St Joseph, 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.