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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10982

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

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

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: St Johns Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1601 S Pennsylvania 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Harlen Thomas Sweeten

3. (b) If veteran, name war

3. (c) Social Security No. 487-01-4802

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Imogene Sweeten

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Nov (Month) 5 (Day) 1916 (Year)

8. AGE: Years 24 Months 4 Days 23 If less than one day hr. min.

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

10. Usual occupation Miner

11. Industry or business

FATHER
12. Name Tom Sweeten
13. Birthplace Unknown (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Rosie Buchanan
15. Birthplace (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Imogene Sweeten
(b) Address Webb City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cem

18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Mo

19. (a) 3-29-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1941 hour 8 40 minute P. M.

21. I hereby certify that I attended the deceased from 3-24, 1941, to 3-28, 1941; that I last saw him alive on 3-28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 yrs.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L L Scott (M. D. or other)
Address Webb City, Mo. Date signed 3-29-41

(Licensed Embalmer's Statement on Reverse Side)

41-4-355

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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.