

No. 2
4-13-40
5-17-39
I X23139

MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14068

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 100

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital #12
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yr. 3 mo 4 days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County COOPER

(c) City or town CLIFTON
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME DAVID F. SWEENEY

3. (b) If veteran, name war None

3. (c) Social Security No. 20

20. DATE OF DEATH: Month APR day 1 year 1941 hour 4:45 minute A M.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____
alive _____ years
(Day) (Year)

7. Birth date of deceased OCT. 25 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JAN 1, 1941 to MAY 2, 1941; that I last saw him alive on MAY 2, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

45 5 8 _____ hr. _____ min.

Immediate cause of death Syphilitic MENINGO ENCEPHALITIS

Due to BRONCHIECTASIS

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

Due to _____

Other conditions (Include pregnancy within 3 months of death) 30 10

10. Usual occupation Farmer

11. Industry or business _____

12. Name DAVID SWEENEY

13. Birthplace MO
(City, town, or county) (State or foreign country)

14. Maiden name MAGGIE WALLACE

15. Birthplace MO
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Hospital Records

(b) Address _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Removal (b) Date thereof 4-3-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

(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? _____

18. (a) Signature of funeral director Josephine Eversley

(b) Address Seebach

While at work? _____ (Specify type of place)

(c) Means of injury _____

19. (a) Apr 3, 1941 (b) R. N. Creve
(Date received local registrar) (Registrar's signature)

23. Signature Thomas Thoma (M. D. or other) MD

Address State Hospital Date signed 4/3/41

(Licensed Embalmer's Statement on Reverse Side)

Fulton, MO

Dr. A. J. Crews.

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 Quane Ewing.....

Licensed Embalmer No. 38417.....

P. O. Address Idalia, 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.