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17-39
X26390

Registration District No. **408**

Primary Registration District No. **5562**

Registrar's No. **100**

FILED JUL 14 1941

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Rural - Marion Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R#3 Carthage Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **25 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carthage**
(If outside city or town limits, write "RURAL")
(d) Street No. **R # 3**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Margaret Jane Sweaney**

3. (b) If veteran, name war **None**
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 **James**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 23 1866**
(Month) (Day) (Year)

8. AGE: Years **75** Months **0** Days **5**
If less than one day _____ hr. _____ min.

9. Birthplace **Unknown** **Dallas Co.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **None**

MOTHER FATHER { 12. Name **John Stewart**
13. Birthplace **Unknown** **Dalla. Co. Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Cynthia Beason**
15. Birthplace **Unknown** **Cedar Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Sweaney**
(b) Address **R#3 Carthage Mo.**

17. (a) **Burial** (b) Date thereof **June 29, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fullerton Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage Mo.**

19. (a) **June 28, 1941** **E. J. McEntire, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **28**
year **1941** hour **5** minute **10** A. M.

21. I hereby certify that I attended the deceased from **May 30** 19 **41** to **June 28** 19 **41**
that I last saw **her** alive on **June 28**
and that death occurred on the date and hour stated above.

Immediate cause of death **General Toxemia from gangrenous left foot and leg.** Duration **3 mo**

Due to **Diabetes Mellitus**

Other conditions (Include pregnancy within 3 months of death) **61**

Major findings: Of operations **none**

Of autopsy **no**

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

(a) Accident, suicide, or homicide (specify) **no**
(b) Date of occurrence _____
(c) Where did injury occur? **no** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

(Specify type of place) **865**
While at work? (e) Means of injury _____

23. Signature **George H. Wood** (M. D. or other) **C**
Address **Carthage Mo** Date signed **6/29/41**

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

41-7-638

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.....
Emmal R. Well

Licensed Embalmer No. *391*

P. O. Address.....
Carthage

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.