

No. 2
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AUG 11 1941 85

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 11

WRITE PLAINLY—USE 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: St. Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 27 days
 (Specify whether years, months or days)
 In this community 27 days

3. (a) PRINT FULL NAME James Patrick Sweeney

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine Sweeney 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 23 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>2</u>	<u>23</u>	hr. min.

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

10. Usual occupation Merchant

11. Industry or business General Store

12. Name Daniel Sweeney

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

14. Maiden name Johannah Ryan

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

16. (a) Informant Catherine Sweeney

(b) Address Easton, Mo.

17. (a) Burial (b) Date thereof July 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Easton, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) July 17, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 011
 (a) State Missouri (b) County Buchanan 0
 (c) City or town Easton, 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. None
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th
year 1941 hour -2 minute 20 A. M.

21. I hereby certify that I attended the deceased from July 17 1941 to July 15 1941
that I last saw him alive on July 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
Due to _____

Due to _____
Other conditions: Pellagra
(Include pregnancy within 3 months of death)

Major findings: 69
Of operations _____
Of autopsy r

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? _____

23. Signature [Signature] (Specify type of place) _____
Address [Signature] (e) Means of injury _____
Date signed 7/17/41

Duration 6/12/41
PHYSICIAN 6/1/41
Underline the cause to which death should be charged statistically.

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.....

Albert C. Harrington

Licensed Embalmer No. 3258

P. O. Address.... 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.