

FILED NOV 3 14 1941

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Registration District No. 344

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Stonberry

(c) Name of hospital or institution 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓

In this community 90 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Henry

(c) City or town Stonberry MO

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

(d) Street No. 106 E. 3rd St.

(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Syvester BROWN SWEAT

(b) If veteran, name war ✓

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5th year 1941 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept 20-41 to Sept 5, 1941; that I last saw him alive on Sept 5, 1941; and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race W

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

(b) Name of husband or wife Mrs. Oona Sweet

(c) Age of husband or wife if alive 66 years

7. Birth date of deceased MO 20 1871

(Month) (Day) (Year)

Immediate cause of death Carcinoma of Kidney

Duration 8 mos.

8. AGE: Years 69 Months 10 Days 15 If less than one day h. min.

Due to ✓

Due to ✓ 520

9. Birthplace Henry CO MO

(City, town, or county) (State or foreign country)

Other conditions None

(Include pregnancy within 3 months of death)

10. Usual occupation lumber dealer

PHYSICIAN

Major findings: None

Of operations No operation

Of autopsy Not done

Underline the cause to which death should be charged statistically.

11. Industry or business Farmer

MOTHER FATHER

12. Name Charles H. Sweet

13. Birthplace Indiana

(City, town, or county) (State or foreign country)

14. Maiden name Genevieve

15. Birthplace Henry CO MO

(City, town, or county) (State or foreign country)

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? ✓

16. (a) Informant Mrs. S. B. Sweet

(b) Address Stonberry MO

17. (a) burial (b) Date thereof 10-7-41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stonberry MO

23. Signature T. J. Hinkley (M. D. or other)

Address Stonberry Mo Date signed ✓

18. (a) Signature of funeral director W. A. Phillips

(b) Address Stonberry MO

19. (a) 10-6-41 (b) W. A. Phillips

(Date received local registrar) (Registrar's signature)

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

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3  
0

**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 *Leroy H. Phillips*

Licensed Embalmer No. *1898*

P.O. Address *Stonbury MD*

**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.**