S. No. 2
I—1-4-41
. 5-17-39
PI X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3907

Registration District No. 6401 FILED FEB 6 1942

Primary Registration District No. 6132

Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County TANEY
(b) City or town FORSYTH Sweet Ill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Taney Co
(c) City or town Forsyth Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (~~Yes or~~ No)
If yes, name country 0

3. (a) PRINT FULL NAME LILLIAN R. SWEET
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or wife~~ JOHN S. SWEET
6. (c) Age of husband ~~or wife if alive~~ 82 years
7. Birth date of deceased Sep (Month) 17 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	4	4	..... hr. ..... min.

9. Birthplace Leavenworth Kan (City, town, or county) 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None
FATHER
12. Name Wm P. Martin
13. Birthplace Unknown (City, town, or county) Penn 1 (State or foreign country)
MOTHER
14. Maiden name Amanda
15. Birthplace ..... (City, town, or county) Penn 1 (State or foreign country)
16. (a) Informant Mrs G. Embry (Daughter)
(b) Address 2132 Warren Rd Fort Worth
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/41 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield Mo
18. (a) Signature of funeral director J. E. Lohmeyer
(b) Address Springfield Mo
19. (a) 1-24-42 (Date received local registrar) (b) Madeline Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day Jan year 1942 hour 7 minute 10 a M.
21. I hereby certify that I attended the deceased from July, 1942 to Jan 1942 that I last saw her alive on Jan 22nd 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis (Malignant) (General Carcinomatosis)	4 Yrs
Due to Carcinoma Cervix	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

48a

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) None
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [signature] (M. D. or other)
Address Forsyth Mo Date signed 1-23-42

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6/42

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(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1952

FEB 11 1952

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 Walter E. Hamellen

Licensed Embalmer No. 3808

P. O. Address Springfield 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.