

S. No. 2  
M-5-42  
7. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33291

State File No. ....

FILED OCT 24 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St Joseph  
(c) Name of hospital or institution: Missouri Methodist Hospital  
(d) Length of stay: In hospital or institution. 3 days  
In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph  
(d) Street No. 805 North 17  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Martha Ellen Sweetland

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 Henry Sweetland  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased May 12 1942

8. AGE: Years 82 Months 5 Days 10  
If less than one day hr. min.

9. Birthplace Jackson Co Missouri

10. Usual occupation at home

11. Industry or business

12. Name James Skinson  
13. Birthplace Indianapolis Indiana  
14. Maiden name Martha Martin  
15. Birthplace Malltown Kentucky

16. (a) Informant Harold Poage  
(b) Address 805 North 17

17. (a) Burial (b) Date thereof Oct 24 1942  
(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Heaton Regales Bowman  
(b) Address St Joseph Mo

19. (a) Oct 24 1942 (b) Registrar's signature Rose Hays

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22  
year 1942 hour 5 minute 47 P.M.  
21. I hereby certify that I attended the deceased from 10-20-42  
19 to 10-22 1942

that I last saw her alive on 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage  
larger due to fractures of left humerus, scapula  
+ ribs  
Duration 2 da

Due to severity

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 131 V

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence

(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work  
(e) Means of injury

23. Signature O. E. Smith (M. D. or other)  
Address 218 N. 17 St Date signed 10/24/42

1233

(Licensed Embalmer's Statement on Reverse Side)

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

EST. 29 JUL 53

EXD126

**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 10/22/42, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed Harold Bowman  
Licensed Embalmer No. 3619  
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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33291

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joe  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ms. Methodist Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether)

In this community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan

(c) City or town St. Joseph MO  
(If outside city or town limits, write "RURAL")

(d) Street No. 805 7th S.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Martha Ellen Sweetland

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 12  
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 22  
year 1942 hour 5:47 minute M.

21. I hereby certify that I attended the deceased from 10-20-42 to 10-22-42 1942  
that I first saw him/her alive on 10-22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage due to fracture of left humerus secondary to (4-5-9) fracture of vertebrae

Due to sexuality 2 da

Other conditions Anemia  
(Includes pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy: none

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

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

(b) Date of occurrence 10-20-42

(c) Where did injury occur? St. Joseph Buchanan MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Probably at home

While at work? no (Specify type of place) (e) Means of injury Fall

23. Signature Clifton Smith (M.D. or other) MD  
Address Wetzel Road Date signed 12/8/42

SUPPLEMENTAL

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

