

FILED NOV 27 1942

State File No. ....

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 798

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:  
1219 Faraon St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 61 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 1219 Faraon St  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Phillip Sweeney

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 11  
year 1942 hour 9 minute 05 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 4, 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 3 1942 to Oct 5 1942  
that I last saw him alive on Oct 3 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 4 Days 8 If less than one day hr. min.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis

Duration 39 1/2

9. Birthplace Trenton, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired horse buyer

Due to

Other conditions (Include pregnancy within 3 months of death) 830

11. Industry or business

12. Name John Sweeney

13. Birthplace United States (City, town, or county) (State or foreign country)

14. Maiden name Mary Boles

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

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Josephine Perry

(b) Address 916 Edmond St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-42 (Month) (Day) (Year)  
Mt Auburn Cemetery

(c) Place: burial or cremation Tracy Barry Funeral Home

18. (a) Signature of funeral director 218 South 10th St

(b) Address

19. (a) 11-13-42 (Date received local register) (b) Rose Hengog (Registrar's signature)

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, or in public place?  
Home (Specify type of place) (e) Means of injury

23. Signature of physician Charles H. Kerner (M. D. or other) Address 221 Kirkpatrick Blvd (City) (State) (Date signed) 11-18-1942

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

MOTHER FATHER

*Handwritten notes and scribbles at the top of the page, including the word "Embalmer" and other illegible markings.*

**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 *Victor J. Barry*  
Licensed Embalmer No. *4292*  
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.*