U. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

55
3
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37442

State File No.

FILED DEC 11 1942

Registration District No. 1469/76 Primary Registration District No. 5655 Registrar's No. 135-18

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 112 days (Specify whether
In this community 112 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Eugene 0
(If outside city or town limits, write "RURAL")

(d) Street No. —
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Sylvia Sweaney

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 Ray Sweaney

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

7. Birth date of deceased Aug. (Month) 14 (Day) 1915 (Year)

8. AGE: Years 27 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Tolliver Hart
13. Birthplace Miller County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Minnie Bungart
15. Birthplace Miller County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mt. Michael, Reeva Clerk
(b) Address Mo State San Mt. Vernon, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 18 (Day) 1942 (Year)
(c) Place: burial or cremation Eldon Mo

18. (a) Signature of funeral director H D Fossett
(b) Address Mt Vernon Mo

19. (a) Dec 4-42 (Date received local registrar) (b) Anna Whitney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 year 1942 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from July 29, 1942, to Nov 16, 1942 that I last saw her alive on Nov. 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration over 7 years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

136

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)

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

23. Signature Esther E. Coffman (M. D. or other)
Address Mo State Sanatorium Date signed 21-17-42

1182 (Licensed Embalmer's Statement on Reverse Side) Mt Vernon Mo

RECEIVED
District Officer No. 6
District File Number 1242-1717
Date Filed DEC 9 1942

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 H. D. Fossett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon 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.