

FILED FEB 11 1943

Registration District No. _____ Primary Registration District No. **5245** Registrar's No. **5**

1. PLACE OF DEATH:

(a) County: **Chariton**

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

(c) Name of hospital or institution: **South End of Keytesville June**
(If not in hospital or institution, write street number or location)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: **MO.** (b) County: **Chariton**

(c) City or town: **Keytesville**
(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: **ROBERT SWEATMAN**

3. (b) If veteran, name war: **V** 3. (c) Social Security No. **493-12-2839**

4. Sex: **Male** 5. Color or race: **Black** 6. (a) Single, widowed, married, divorced: **Married**

6. (b) Name of husband or wife: **Susan Sweatman** 6. (c) Age of husband or wife if alive: **23** years

7. Birth date of deceased: **Aug 6 1912**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	30	5	-	hr. _____ min. _____

9. Birthplace: **Keytesville MO**
(City or town, county) (State or foreign country)

10. Usual occupation: **Section Laborer**

MOTHER FATHER

11. Industry or business: _____

12. Name: **James Sweatman**

13. Birthplace: **Keytesville MO**
(City or town, county) (State or foreign country)

14. Maiden name: **Bond Woods**

15. Birthplace: **Keytesville MO**
(City or town, county) (State or foreign country)

16. (a) Informant: **Robert Sweatman**

(b) Address: **Keytesville**

17. (a) **Burial** (b) Date thereof: **June 9 - 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Keytesville**

18. (a) Signature of funeral director: **W. D. Barnett**

(b) Address: **Keytesville MO**

19. (a) **1/24/43** (b) **R. A. Kelly**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **6th**
year **1943** hour **6** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **12-20**
19 **42** to **Jan 6** 19 **43**

that I last saw him alive on **Jan 5** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Lobar Pneumonia**

Due to _____
Due to _____

Other conditions: **108**
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____

Of autopsy: _____

Duration _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature: **W. D. Barnett** (M. D. or other) _____

Address: **Keytesville MO** Date signed: **1/9/43**

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

1000

1023

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-10-43

JUL 18 1943

JUL 6 - 1943

JUL 29 1943

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, _____, Registered Apprentice No. _____, working under my personal supervision.

Signed H. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Key Trville 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.