

Registration District No. 32

Primary Registration District No. 5476

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Grundy LINCOLN TWNS.
(b) City or town Trenton Rt. 1
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution most of life
In this community most of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 1
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EMMA ALICE SWEETLAND

3. (b) If veteran, name war 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife H.P. Sweetland 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased Apr 20 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>24</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Adam Lucas

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

14. Maiden name Sarah George

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

16. (a) Informant Mrs. Frank Luke

(b) Address Trenton Rt. 1

17. (a) Burial (b) Date thereof Jan 16 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove

18. (a) Signature of funeral director E. H. Roberts

(b) Address Trenton Mo.

19. (a) Jan 20, 1943 (b) E. H. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1943 hour 1 P. minute 10 M.

21. I hereby certify that I attended the deceased from Dec 12
1942 to Jan 14, 1943
that I last saw h. alive on Jan 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerosis 1 year

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (Mans of injury)

23. Signature E. H. Roberts (M. D. or other)

Address Trenton Mo. Date signed Jan 18 1943

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

C. M. Jones

Licensed Embalmer No.....

3453

P. O. Address.....

Trident 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.