

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 8 1944
311

Registration District No.

Primary Registration District No. 4456

Registrar's No. 11

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Appleton City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 700th East 7th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 14 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Clair
(c) City or town Appleton City
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME HANNAH SWEETS

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

4. Sex female 5. Color or race negro 6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife Peter Sweets 6. (c) Age of husband or wife if alive years
7. Birth date of deceased not known 1864 (Month) (Day) (Year)

8. AGE: Years 80 Months - Days - If less than one day hr. min.

9. Birthplace Maine Co Ky (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

12. Name Peter Tutt
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant James Mack

(b) Address Appleton City MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29 - 44 (Month) (Day) (Year)

(c) Place: burial or cremation Deys Chappelle

18. (a) Signature of funeral director Frank Jones

(b) Address Appleton City MO
19. (a) June 28 44 (Date received local registrar) (b) John W. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1944 hour 5 minute P M.

21. I hereby certify that I attended the deceased from June 1 1937 to July 25 1944 that I last saw her alive on July 25 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Wernicke's core
Due to Hypertension
Due to Chronic nephritis
Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations 131 P
Of autopsy

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 0

23. Signature R. L. Hanson (M. D. or other) MO
Address Appleton City MO Date signed 6-26-44

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

13-10

9310

MOTHER FATHER

1350

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 71
District File Number 6-44-776
Date Filed 7-7-44

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 Me
on the 25th day of June 1944, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City, Wis.

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.