

FILED SEP 7 1944
Registration District No. _____

Primary Registration District No. **5655**

Registrar's No. **109**

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. **72 days**
In this community **72 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Femiscot**
(c) City or town **Steele**
(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 **Minnie Sweatt**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Marian Sweatt** 6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **Dec. 11th** **1898**
(Month) (Day) (Year)

8. AGE: Years **45** Months **8** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **Steele** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **J. H. Richard**
13. Birthplace **Selmer** **Tenn**
(City, town, or county) (State or foreign country)
14. Maiden name **Fannie King**
15. Birthplace **Selmer** **Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. McMichael, Record Clerk**
(b) Address **Mo. State San. Mt. Vernon, Mo**

17. (a) **Removal** (b) Date thereof **Aug 17 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Steele, Mo**

18. (a) Signature of funeral director **H. D. Fosssett**

(b) Address **Mt. Vernon Mo**

19. (a) **Aug 24-44** (b) **Andy Crawford**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **16th**
year **1944** hour **9:20** minute **P** M.

21. I hereby certify that I attended the deceased from **June 4th**, 19**44** to **Aug. 16th**, 19**44**;
that I last saw her alive on **Aug. 16th**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis About 9 months**
Cerebral embolism

Due to _____
Due to **138**

Other conditions **The block of Caecum**
(Include pregnancy within 3 months of death)
The appendicitis, gonorrhea

Major findings _____
Of operations _____

Of autopsy **Fer Admitted the Pulmonary**
The block Caecum, appendicitis & gonorrhea

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)
(c) Means of injury _____

23. Signature **Charles A. Brasher** (M. D. or other **M.D.**)
Address **Mt. Vernon Mo** Date signed **8-16-44**

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

RECEIVED

District Health Officer No. 6,

District File Number 944-980

Date Filed SEP 5 1944

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. W. 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.