No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30730

State File No.

Registration District No. 156 Primary Registration District No. 200 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Joplin General 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 weeks (Specify whether
In this community 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County X Newton 73

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

(d) Street No. Seneca 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Helen B. Sweat

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 Oid Sweat

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

7. Birth date of deceased September 29, 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	34	11	2	hr. min.

9. Birthplace Fruita (City, town, or county) Colorado (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name A. W. Thomas
13. Birthplace Wright County, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alta Charlson
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Oid Sweat
(b) Address Seneca, Missouri, R#

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-46
(Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 9-3-46 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
year 1946 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Did not attend, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	
Due to Broken Spine	
Due to Internal Hemorrhage	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 170C - 8	
Of autopsy 28	

Carmens Investigation

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) Accident 73

(b) Date of occurrence June 22, 1946

(c) Where did injury occur? Spring City Newton Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place (Specify type of place)

While at work? No (e) Means of injury Car Accident

23. Signature H. W. Herfelt (M. D. or other) 202

Address 2114 Joplin Date signed 8/31/46

138 (Licensed Embalmer's Statement on Reverse Side) Non-collision

46-8-781

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.