

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43742

FILED FEB 20 1947

State File No.

Registration District No. 2097

Primary Registration District No. 5762

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Ewing (Rural)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 2 months +
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Ewing (Rural)
(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 John Thomas Sweet

3. (b) If veteran, name war 1st World War
3. (c) Social Security No. _____

4. Sex M. O. 5. Color or race W.
6. (a) Single, widowed, married, divorced /
6. (b) Name of husband or wife Agnes Sweet
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased April 11 1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 18
If less than one day hr. min.

9. Birthplace La Belle Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business

12. Name Albert Sweet
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Haines
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Sweet
(b) Address Ewing, Missouri

17. (a) Burial, cremation, or removal
(b) Date thereof
(c) Place: burial or cremation Soldiers Home

18. (a) Signature of funeral director Thomas Ball
(b) Address Ewing, Mo.

19. (a) 12-30-46 (b) Viola Steer, Deputy Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29
year 1946 hour 4:15 minute P. M.
21. I hereby certify that I attended the deceased from 12-23
1946, to 12 29 1946
that I last saw him alive on 12-23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration unknown

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
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 C. E. Shiver (M. D. or other)
Address Philadelphia, MO Date signed 12/30/46

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

MOTHER FATHER

1991 07 03

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..... *Thomas Ball* *By*

Licensed Embalmer No. *1744*

P. O. Address *Ewing, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

06d
State File No. March
Registrar's No. 61

Registration District No. 209 Primary Registration District No. 5762

1. PLACE OF DEATH:
(a) County marion
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME John J. Sweet
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes Sweet 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April (Month) 12 (Day) 1906 (Year)
8. AGE: Years 62 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Shipping Clerk

11. Industry or business Albert Sweet

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 3-76-47 (b) COM Sweet
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19 _____
that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.
immediate cause of death _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
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 _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

S-43742