

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9687

State File No. ....

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Bothwell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 months  
(Specify whether  
In this community 9 months  
years, months or days)

3. (a) PRINT FULL NAME Tom Sweeney  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. Jan 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 2 7 hr. min.

9. Birthplace Henry Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Daniel Sweeney  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sughree  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant John Sweeney  
(b) Address Calhoun Mo

17. (a) Burial (b) Date thereof. 3-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director M<sup>rs</sup> Laughlin Bros.  
(b) Address Sedalia Mo.

19. (a) 3-10-48 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Calhoun  
(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 March day 7  
year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from  
May - 2 1948 to 3/7 1948  
that I last saw him alive on 3/7 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration  
Carcinoma of lungs 1420

Due to.....  
Carcinoma of stomach 740

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

Major findings:  
Of operations 1/2 stomach involved & cancer  
Of autopsy..... none

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?  
(Specify type of place)

While at work?..... (c) Means of injury.....

23. Signature W.D. Bell (M. D. or other)  
Address Sedalia Mo Date signed 3/9 48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-19-48

*Wm Lyer*

FEB 1 1958

MAR 30 1958

*[Faint handwritten notes]*

- 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 *W.P.M. Lary*  
Licensed Embalmer No. 3153  
P. O. Address *Sedalia 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.

*W.P.M.*