

Registration District No. 316

Primary Registration District No. 3061

4-5-2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Flat River, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois

(c) City or town Flat River  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Roger Dale 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 Dec 7th 1948  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 1 hr. 35 min.

9. Birthplace Flat River Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Curtis Sweeney

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

14. Maiden name Madge DeConia

15. Birthplace Flat River Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Madge Sweeney

(b) Address Flat River Mo

17. (a) Burial (b) Date thereof 12-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Good Cemetery

18. (a) Signature of funeral director C. Z. Boyer & Son

(b) Address DeSloge, Mo.

19. (a) 12-9-48 (b) W. J. Edler (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7th year 1948 hour 11 minute 55 AM

21. I hereby certify that I attended the deceased from Dec 7th 1948 to Dec 7 1948 that I last saw him alive on Dec 7 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Detached placenta before birth

Due to Don't know

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy None

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) (e) Means of injury \_\_\_\_\_

23. Signature B. B. Farrer (M. D. or other)

Address Flat River, Mo. Date signed 12/8/48

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 4

1248-1571

12-14-48

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.

*was not embalmed*

Signed *J T Gayer*

Licensed Embalmer No.....

P. O. Address *Hesloge, 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.