

No. 2
1-5-43
5-17-39
X-36871

FILED JUN 21 1948

Registration District No. **120**

Primary Registration District No. **5450**

Registrar's No. **54**

1. PLACE OF DEATH:

(a) County **Centry**
(b) City or town **(Rural) Miller TWP.**
(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 **All his life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Centry 38**
(c) City or town **Rural - Miller Township**
(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 **John R. Sweat**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **M O** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Ellie Sweet (Deceased)** 6. (c) Age of husband or wife if alive **5** years
7. Birth date of deceased **12 5 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 5 28 hr. min.

9. Birthplace **MO O**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **✓**

12. Name **Adam Sweat**

13. Birthplace **Unknown Oklahoma**
(City, town, or county) (State of foreign country)

14. Maiden name **POLLIE ANN PERRY**

15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Jap Sweet**

(b) Address **Bealin Mo.**

17. (a) **Burial** (b) Date thereof **6 5 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fair View Cemetery**

18. (a) Signature of funeral director **Robert V. Dunham**

(b) Address **Pattonville Mo.**

19. (a) **June 10-48** (b) **Thomas H. White**
(Date received local registrar) (Registrar's name) **103**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **3**
year **1948** hour **10:30** minute **A.M.**

21. I hereby certify that I attended the deceased from **Feb. 4th 1946 to June 3rd 1948**
that I last saw him alive on **June 3rd 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute bacterial Hemorrhage**
Due to **Cerebrum of the Basal ganglia and Prostate**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **57**
Of autopsy **57**

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 **W. S. Campbell** (M.D. or other) **D**
Address **Albany Mo.** Date signed **June 1948**

Duration **June 12**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Robert V. Dunham....., Registered Apprentice No. 50
working under my personal supervision.

Signed *W. J. Brown*.....

Licensed Embalmer No. 2857.....

P. O. Address.....

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.