

OCT 19 1959

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32892
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
(b) Township Chillicothe Primary Registration District No. 3026 Registered No. 124
(c) City Chillicothe (d) Street No. 1413 McVey St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Mary M. Sweeney

(a) Residence, No. 1413 McVey St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. D. Sweeney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
83 9 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway County Missouri

13. NAME Green Herring

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Bohemia

15. MAIDEN NAME Mary Sharp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Mrs. Emma Turninsky Mounds, Oklahoma

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove Cem DATE 10-7, 1959

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank B. Normen Chillicothe, Missouri

20. FILED 10-6, 1959 J. H. Moore M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 4, 1959

I HEREBY CERTIFY, That I attended deceased from Did not attend, 1959

I last saw her alive on Oct. 1, 1959 Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris 3 yrs. From history

Other contributory causes of importance: PHN

Name of operation no op Date of no
What test confirmed diagnosis? history Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Angina (Coroner) M. D.
(Signed) Chillicothe, Mo.
(Address)

WHILE PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

DEPARTMENT OF HEALTH OFFICE No. 191

LICENSEE'S NAME No. 1039-1323

Date of Issue OCT 16 1939

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.....

Elton F. Norman & E. R. Norman (2374), Registered Apprentice No.....
working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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, above space should be left blank.