V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1940

Registration District No. 83

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4001

State File No. 6043

Registrar's No. 267

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Saint Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 324½ North 6th Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: Twenty-four years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: Saint Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 324½ North 6th Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: David S. Sweeney
3. (b) If veteran, name war: Spanish-American
3. (c) Social Security No.: NONE

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Elsie N. Sweeney
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: September (Month) 1 (Day) 1877 (Year)

8. AGE: Years: 62 | Months: 6 | Days: 4 | If less than one day: ____ hr. ____ min.

9. Birthplace: Henry County, (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Checking clerk at Swift & Co
11. Industry or business:

MOTHER FATHER
12. Name: John Sweeney
13. Birthplace: Minneapolis, (City, town, or county) Minnesota (State or foreign country)
14. Maiden name: Sarah Bayles
15. Birthplace: ? (City, town, or county) ? (State or foreign country)

16. (a) Informant: Elsie N. Sweeney
(b) Address: 324½ North 6th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 7, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery
18. (a) Signature of funeral director: Mrs. E. R. Sidenfaden F.H.
(b) Address: 602 South 10th Street
19. (a) March 6, 1940 (Date received local registrar) (b) H. L. Heublesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 5 year: 1940 hour: 12:20 minute: P. M.

21. I hereby certify that I attended the deceased from March 5, 1940 to March 5, 1940, to ____, 19__; that I last saw him alive on March 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage apoplexy — Duration: 5 minutes
Due to: Arteria-sclerosis
Due to: General Paralysis of Insane (Paresis)
Other conditions (Include pregnancy within 3 months of death): None
Major findings:
Of operations: ——
Of autopsy: none held

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? (e) Means of injury:

23. Signature: Maxwell Day (M. D. or other) 1
Address: 718 St Joseph
Date signed: 3-6-40

(Licensed Embalmer's Statement on Reverse Side)

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

Corrected by affidavit March 26 1940 L. Wood

See affidavit # 247 in misc file 1940

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE MAR 18 1940

MAR 18 1940

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 Mollie E. Sidenfaden, Registered Apprentice No. 145, working under my personal supervision.

Signed R. V. Werst

Licensed Embalmer No. 3876

P. O. Address St. Joseph 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.