

FILED MAR 20 1942

Registration District No. **254**

Primary Registration District No. **5355**

Registrar's No. **3**

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

1. PLACE OF DEATH: **Daviess**

(a) County **Daviess**

(b) City or town **Rural, Benton 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 **72yrs**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ollie Sweat**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

4. Sex **Female** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **W. E. Sweat**

6. (c) Age of husband or wife if alive **UNKNOWN** years

7. Birth date of deceased **Nov 21 1869**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **2** Days **20** If less than one day hr. min.

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

10. Usual occupation **Housewife**

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

MOTHER FATHER { 12. Name **Doc Hayes**

13. Birthplace **Do Not Know**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Jane Miller**

15. Birthplace **Do Not Know**  
(City, town, or county) (State or foreign country)

16. (a) Informant **W. E. Sweat**

(b) Address **Pattonburg, Mo.**

17. (a) **Bural** (b) Date thereof **2/12/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oakridge**

18. (a) Signature of funeral director **W. G. Gromer**

(b) Address **Pattonburg, Mo.**

19. (a) **2-12-42** (b) **L. R. Knight**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Daviess** **3/0**

(c) City or town **Rural, Benton Twp**  
(If outside city or town limits, write "RURAL") **0**

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

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **II**  
year **1942** hour **6** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **2-10**, 1942, to **2-11**, 1942,  
that I last saw her alive on **2-10**, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **7 days**

Due to **arteriosclerosis**

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

Other conditions (Include pregnancy within 3 months of death) **83a!**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **2**

23. Signature **L. R. Knight** (M. D. or other) **80**  
Address **Pattonburg** Date signed **2-12-42**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 \_\_\_\_\_

*E. S. Gromer*

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.**