

ELSD MAR 18 1942
Registration District No. 578

Primary Registration District No. 5745

Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Rural, Warren Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe City, Mo. R.F.D. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 yrs. years, months or days)

3. (a) PRINT FULL NAME Maris Alanzo SWEENEY

3. (b) If veteran, name war None 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 Sarah 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Oct. 22 - 1953
(Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace USA ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William SWEENEY

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

14. Maiden name Martha Sparrow

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Maris Sweeney

(b) Address Monroe City, Mo. R.F.D. 4

17. (a) burial (b) Date thereof 3-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Methodist, Monroe, Mo.

18. (a) Signature of funeral director Wilson & Son

(b) Address Monroe City, Mo.

19. (a) 3/4/42 (b) Miss Margaret Maddox
(Date received local registrar) (Deputy Registrar's Signature)

1145

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Rural, Warren Township
(If outside city or town limits, write "RURAL")
(d) Street No. Monroe City, Mo. R.F.D. 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1942 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Jan 8 - 1942 to Mar 2 - 1942
that I last saw him alive on Jan 8 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Due to arterio-sclerosis

Due to hypertension

Other conditions Senility
(Include pregnancy within 3 months of death)

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)
(b) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Monroe City, Mo. Date signed 3/3/42

Duration 39 yr
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 By me

....., Registered Apprentice No.

working under my personal supervision.

Signed Leah L. Nelson

Licensed Embalmer No. 3014

P.O. Address Shannon City, 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.