

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED** MAY 23 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 5149

Registrar's No. 2

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

006

1. PLACE OF DEATH:

(a) County Caldwell  
(b) City or town Rural Missile  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Three year  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM H. SWEENEY

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Minnie Sweeney 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased April 2 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pikeville 1 Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Day laborer

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

12. Name Riley Sweeney

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. James King

(b) Address Cameron

17. (a) Burial (b) Date thereof Mar 8 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkland cemetery

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron

19. (a) 5-10-47 (b) Mrs. Susan Budgetter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6  
year 1947 hour 4:00 minute AM

21. I hereby certify that I attended the deceased from Feb 20  
1947 to Mar 6 1947  
that I last saw him alive on Feb 20 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to arteriosclerosis

Due to Hypertension

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

Major findings: 83a  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration ?  
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 C. H. Walker (M. D. ✓)  
Address Poland Mo Date signed 3-7-47

**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 Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Cameron 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.**