

SEP 4 1942

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 279

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

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bothwell Hotel, 4th & Ohio
(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 6 weeks

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Sedalia
(If outside city or town limits, write "RURAL.")
 (d) Street No. 4th & Ohio
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John S. Sweet

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 Widowed

6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>4</u>	<u>24</u>	_____ hr. _____ min.

9. Birthplace Chillicothe Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation President, Hotel Operator

11. Industry or business _____

MOTHER FATHER 12. Name Unknown

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. Al. Tracy

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 8/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery Springfield, Missouri

18. (a) Signature of funeral director Gillespie Funeral Home Sedalia, Missouri

(b) Address _____
 19. (a) 8/3/42 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
 year 1942 hour 2 minute 00 P.M.

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

Immediate cause of death Heart disease Duration _____
Coronary occlusion
embolus with pulmonary
insufficiency (acute dilatation) 6 hours

Due to Heart exhaustion

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

Major findings: Of operations _____
 Of autopsy _____
 1911
 99

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 1321
 (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 _____
 23. Signature Chas D. Shome (M. D. or other) M.D.
 Address Sedalia, Mo Date signed 8-3-42

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 9-3-42

FEB 1 1943

JUN 28 1942

DEC 22 1942

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 Jos. Dillan
Licensed Embalmer No. 3868
P. O. Address Sedalia

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.