

FILED NOV 11 1942

Registration District No. 350

Primary Registration District No. 6225 3074

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Nevada
(b) City or town Nevada Mo
(c) Name of hospital or institution: State Hospital no 3 2
(d) Length of stay: In hospital or institution 2 months 25 days
In this community yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas
(c) City or town Cabool
(d) Street No. Rural
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME DELLA-ELIZABETH-SWEET

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Glyde Sweet 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Nov 5 1907

8. AGE: Years 34 Months 10 Days 30 If less than one day — hr. — min.

9. Birthplace Texas County Missouri

10. Usual occupation housewife

11. Industry or business none

12. Name Tom Vandiver
13. Birthplace Texas County Missouri
14. Maiden name Sarah Ragdale
15. Birthplace Texas County Missouri

16. (a) Informant Records State Hospital

(b) Address Nevada Mo

17. (a) Removal (b) Date thereof 10/5/42

(c) Place: burial or cremation Cabool Mo

18. (a) Signature of funeral director Days Funeral Service

(b) Address Nevada Mo

19. (a) Oct 5, 1942 (b) Elizabeth Breckenridge

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5
year 1942 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from July 10 1942 to Oct 5 1942
that I last saw her alive on Oct 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis (bilateral)

Due to 138!
Due to 138!
Other conditions Dementia Precox Paranoid type

Major findings: Of operations none performed
Of autopsy none performed

22. If death was due to external causes, fill in the following: No.

(a) Accident, suicide, or homicide (specify) No.
(b) Date of occurrence
(c) Where did injury occur?
(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 Paul L. Barone (M. D. or other) 0
Address State Hosp no 3 Date signed Oct 5, 1942

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

108
2

188
9

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1241

Date Filed 11-10-42

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 H. H.ammadis

Licensed Embalmer No. 2070

P.O. Address Mwada, 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.