

FILED JUN 15 1943 7  
Registration District No. ....

Primary Registration District No. 3006

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

1. PLACE OF DEATH:

(a) County... Bates

(b) City or town... BUTLER

(c) Name of hospital or institution: BUTLER MEMORIAL HOSP.

(d) Length of stay: In hospital or institution... 3 days

In this community... years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... Bates - 7

(c) City or town... Butler

(d) Street No... RFD Butler

(e) Citizen of foreign country? 0

If yes, name country... 0

3. (a) PRINT FULL NAME... THOMAS WILEY SWEANY

3. (b) If veteran... name war... No.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... May day... 14<sup>TH</sup> year... 1943 hour... 2 minute... A.M.

21. I hereby certify that I attended the deceased from... May 10 1943, to... May 14 1943, that I last saw h. k. m. alive on... May 13 1943, and that death occurred on the date and hour stated above.

4. Sex... M 5. Color or race... W 6. (a) Single, widowed, married, divorced... single

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

7. Birth date of deceased... June 5 - 1924

Immediate cause of death... Rheumatic Carditis

Due to... Acute Rheumatic Fever

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

Major findings: Of operations... 58e

Of autopsy... —

8. AGE: Years... 18 Months... 11 Days... 9 If less than one day... hr. ... min.

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

10. Usual occupation... STUDENT

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business... X

12. Name... LEE SWEANY

13. Birthplace... DAVIS Co Mo - 2

14. Maiden name... CLARICE GROOMER

15. Birthplace... MO - D

16. (a) Informant... Lee Sweany

(b) Address... Tribune Kans.

17. (a) Bureau (b) Date thereof... 5-17-43

(c) Place: burial, cremation... Clear Creek - Kans.

18. (a) Signature of general director... Wiemers

(b) Address... Picnic City Mo.

19. (a) 5/17/43 (b) Helene Crompton

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... —

23. Signature... Geo. O. Kuch Jr. (M. D. or other) Butler, Mo. Date signed... 7-17-43

RECEIVED  
District Health Officer No. 7  
District File Number 3-43-494  
Date Filed 6/8/43

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 John G Underwood  
Licensed Embalmer No. 3585  
P. O. Address Butler 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.