

S. No. 2
T-9-4-41
C. 5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3076**
Registrar's No. **14**

Registration District No. _____

Primary Registration District No. **30255551**

46
0
0

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

1. PLACE OF DEATH:

(a) County **Newell** mo

(b) City or town **West Plains** mo

(c) Name of hospital or institution: **R.F.D.**
1 Adams St. J.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 yrs** (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** County **Newell** 46

(c) City or town **West Plains** 9
(If outside city or town limits, write "RURAL")

(d) Street No. **R.F.D.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Benjamin Winfield Sweet**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **5-0**

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

7. Birth date of deceased **12/4-1937**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

6 0 63 (hr. min.)

9. Birthplace **Newell Co., mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Student**

11. Industry or business _____

MOTHER FATHER

12. Name **Melvin Sweet**

13. Birthplace **Ruby, N. Dak.**
(City, town, or county) (State or foreign country)

14. Maiden name **Agnes Bacon**

15. Birthplace **Newell Co., mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Melvin Sweet**

(b) Address **West Plains mo**

17. (a) _____ (b) Date thereof **12/19-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Roseland**

18. (a) Signature of funeral director **Robert**

(b) Address **West Plains, mo**

19. (a) **1-25-44** (b) **Paul S. Bailey**
(Date received local registrar) (Registrar's signature)

1125 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **17**- year **1943** hour **7** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Nov. 24** 19**43** to **Dec 11** 19**43** that I last saw him alive on **Dec 11** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**
(probably caused by lower lobe) Duration **14 days**

Due to **Trauma accidentally hit on left side head by curved bat** } about } **Nov 19 43**
Due to **assault and thrown down** }
injuring left side in play

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

Major findings: _____
Of operations: _____
Of autopsy: _____
1952
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) _____ **046**

(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)
() Means of injury **2**

23. Signature **Virgil P. Bailey** (M. D. or other) **DB**

Address **West Plains, mo** Date signed **1/19/44**

Boiley

RECEIVED

District Health Officer No. 5,
District File Number 244110
Date Filed 2-7-64

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.....

F. D. Roberts

Licensed Embalmer No. 3425

P. O. Address.....

West Haines, D.C.

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.