V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27014

FILED AUG 23 1944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3334

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

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1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Luke's Hospital (If not in hospital or institution, write street number or location)

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

In this community 6 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 799

(d) Street No. 3502 West 51st Street (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr Ervin L. Sweem

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella J. Sweem

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased October (Month) 5 (Day) 1902 (Year)

8. AGE: Years 41 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Carroll County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Teacher

11. Industry or business Roseland School

FATHER
12. Name Clayton Sweem
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Cynthia Stillfield
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Ella J. Sweem

(b) Address 3502 W. 51st Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Cameron Missouri

18. (a) Signature of funeral director D. W. Newcomers Sons

(b) Address 1401 Brush Creek

19. (a) 8-13-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day 11 year 1944 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug 4, 1944, 19 , to Aug 11, 1944; that I last saw him alive on 8/11 - at 9 10, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Total anuria

Due to ~~water~~ Reflex anuria from a ureteral calculus.

Due to

Other conditions (Include pregnancy within 3 months of death) 134 a

Major findings: Of operations —

Of autopsy none except Pyelonephritis of left Kidney -

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 O

23. Signature Velsa F. Ockerblad (M. D. ~~or other~~)

Address 1103 Grand Ave Date signed 8/12/1944

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(Licensed Embalmer's Statement on Reverse Side)

Dr Ockerblad
Prof Bldg

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 E Oscar Hothey

Licensed Embalmer No. 1767

P. O. Address K C 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.