

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16082**  
Registrar's No. **2257**

**FILED JUN 4 1945**  
Registration District No. **197**

Primary Registration District No. **1001**

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

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:  
**3117 Flora**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **43 Years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **RUTH ELIZABETH SWEENEY**  
 3. (b) If veteran, \*\*\*\*\* **no** name war.  
 3. (c) Social Security No. **486-26-1527**

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Divorced**  
 6. (b) Name of husband or wife **H. Letcher Sweeney**  
 6. (c) Age of husband or wife if alive **47** years  
 7. Birth date of deceased **October 31 1901**  
(Month) (Day) (Year)

8. AGE: Years **43** Months **6** Days **21**  
 If less than one day hr. min.

9. Birthplace **Kansas City Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Record-Clerk at home**

11. Industry or business **K.C. Mo. Police Dept.**  
**Robert T. Campbell**

12. Name **Johnson Co.**  
 13. Birthplace **Kansas**  
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Labor**  
 15. Birthplace **Independence Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. H. Letcher Sweeney**  
 (b) Address **Kansas City, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 24, 1945**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**  
**Mrs. C. L. Forster**  
 18. (a) Signature of funeral director  
 (b) Address **918-820 Brooklyn K.C. Mo.**

19. (a) **5-24-45** (Date received local registrar)  
 (b) **Seraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3117 Flora**  
(If rural, give location)  
 (e) Citizen of foreign country? **0** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **May** day **22nd**.  
 year **1945** hour **10:30** minute **P.** M.  
 21. I hereby certify that I attended the deceased from **May 13**, 1945, to **May 24**, 1945  
 that I last saw her alive on **May 21**, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia of brain**  
 Due to **Undetermined (W.M.O.)**

Due to \_\_\_\_\_  
 Other conditions **57 d.**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: Of operations **none**  
 Of autopsy **none**  
 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?  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature **M.D. Holmes** (M. D. or other)  
 Address **303 W. 11th St. Bldg.** Date signed **5/23/45**

**K.C. Mo.**

Dr. Stipe  
Waldheim Building  
VI-7755

*initial 5 Pm*

OCT - 8 1945

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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.....

*Joe B. Yoder*

Licensed Embalmer No. *4173*

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.