. S. No. 2
OM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1945

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17034

Primary Registration District No. 4210

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town Ridgeway 41
(If outside city or town limits, write "RURAL") 0

(d) Street No. —
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Richard Lee Sweeten

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M D

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased Nov (Month) 26 (Day) 44 (Year)

8. AGE: Years 1 Months 10 Days 06 If less than one day hr. min.

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

10. Usual occupation Baby

11. Industry or business —

FATHER
12. Name Paul D. Sweeten
13. Birthplace Bethany (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Helen Taft
15. Birthplace Blythedale (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Harry Claycomb
(b) Address Blythedale Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 2 - 45 (Month) (Day) (Year)
(c) Place: burial or cremation Akron

18. (a) Signature of funeral director R R Boggess
(b) Address Ridgeway Mo

19. (a) 1 - 2 - 45 (Date received local registrar) (b) Lake Brewer (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 1
year 1945 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from November 26, 1944, to Jan 1, 1945; that I last saw him alive on Jan 1, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	6 hrs.
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 —

23. Signature Dr J B Trothmann (M.D. or other) D.D.

Address Ridgeway, Mo. Date signed Jan 2 45

1292 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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: Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed R R Boggers

Licensed Embalmer No. 3576.

P. O. Address Ridgeway 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.