No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5189

FILED MAR 7 1946

Registration District No. 171 Primary Registration District No. 5426 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Robertsville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 Boles Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin 36
(c) City or town Robertsville 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. same 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Cecial Sweezer
3. (b) If veteran, name war hill
3. (c) Social Security No. hill
4. Sex Male 2
5. Color or race negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband~~ or wife Rosa Lee #
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased 3 (Month) 16 (Day) 1864 (Year)

8. AGE: Years 81 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Nashville (City, town, or county) Tenn! (State or foreign country)
10. Usual occupation Farmer
11. Industry or business —
FATHER
12. Name Aaron Sweezer
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Lucy Steel
15. Birthplace Pike (City, town, or county) Co 0 (State or foreign country)
16. (a) Informant Mabel Wallace
(b) Address 536 Holland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 12 46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Calvary
18. (a) Signature of funeral director J. Lewis
(b) Address 22 Fancied Webster Groves
19. (a) Feb 9 '46 (Date received local registrar) (b) Mary B. Gross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th year 1946 hour 3 minute 16 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Accident	
Due to Struck by Frisco Blue Bonet no 7 train	
Due to	
Other conditions (Include pregnancy within 3 months of death) SHP Car he was driving	

Major findings:
Of operations struck by a-ug
Of autopsy no

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) accident
(b) Date of occurrence February 8th 1946 (36)
(c) Where did injury occur? Robertsville (City or town) Franklin (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Public Rail Road Crossing (Specify type of place)
While at work? no (e) Means of injury Body Mangled Crowd
23. Signature E. F. Oltmann (M.D. or other)
Address Union Mo. Date signed 2/8/1946

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-6-46

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 J. A. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves

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.