. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34700

FILED OCT 25 1947

Registration District No. 9419 — Primary Registration District No. 1002 — Registrar's No. 4346

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: 1303 BRUSH CREEK
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ... (Specify whether years, months or days)
In this community: 10 MONTHS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1303 BRUSH CREEK BLVD.
(If rural, give location) 3
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: DORE SWEET
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: NOV. 19 1874 (Month) (Day) (Year)
8. AGE: Years 72 Months 10 Days 25 If less than one day ... hr. ... min.
9. Birthplace: Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business: —
FATHER 12. Name: JOHN S. SWEET
13. Birthplace: ILLINOIS (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: JOSEPHINE FORT
15. Birthplace: ILLINOIS (City, town, or county) (State or foreign country)
16. (a) Informant: RUBY FORT
(b) Address: 1303 BRUSH CREEK
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation: HIAWATHA, KANSAS
18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 10-15-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14 74 year 1947 hour 8 minute 55 P.M.
21. I hereby certify that I attended the deceased from Oct 2 1947 to Oct 12 1947 that I last saw him alive on Oct 12 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertension Arterial Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 0	
Of autopsy:	

PHYSICIAN — Underline the cause of 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
23. Signature: [illegible] (M.D. or other)
Address: 1103 E. Armour Date signed 10-15-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Armstrong Street

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 Jess T. Dews

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.