S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9123

FILED APR 5 1948

Registration District No. 1456 — Primary Registration District No. 2001 — Registrar's No.

49 2 5

Dr Gregory Schulte

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since Jan 22nd (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Joplin Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2009 Grand Ave 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Lawrence Sweeney
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Annie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 3rd (Day) 1875 (Year)

8. AGE: Years 72 Months 10 Days 14 If less than one day hr. min.
9. Birthplace Boston, Mass (City, town, or county) (State or foreign country)
10. Usual occupation retired
11. Industry or business Missouri Pacific Machinist
FATHER
12. Name Thomas Sweeney
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jane Fox
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Annie Sweeney
(b) Address 2009 Grand Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cemetery
18. (a) Signature of funeral director Thornhill-Dillon Mort
(b) Address Joplin, Missouri
19. (a) 2-19-48 (Date received local registrar) (b) Dolores Lampkins DR. (Registrar's signature) 124

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
year 1948 hour 5 minute a M.
21. I hereby certify that I attended the deceased from Feb 1 1948 to Feb 16 1948;
that I last saw him alive on Feb 16 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 10 Days
Due to Hypertensive heart disease — 5 years
Due to
Other conditions Carcinoma Colon — unknown
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 246E

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 0
23. Signature [illegible] (M. D. or other) MD
Address Fusco Bldg Jfw Mo Date signed 2-19-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-2-203

JUL 26 1948

JUN 24 1948

APR 5 1948

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 Elmer M. Dempsey

Licensed Embalmer No. 3566

P. O. Address Joplin 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.