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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19135

Registration District No. 120 Primary Registration District No. 5450 Registrar's No. 54

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town (Rural) Miller TWP.
(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 All his Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gentry 38

(c) City or town Rural - Miller Township 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME John R. Sweat

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Ella Sweat (Deed)

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

7. Birth date of deceased 12 (Month) 5 (Day) 1862 (Year)

8. AGE: Years 85 Months 5 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace ✓ (City, town, or county) MO O (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

FATHER
12. Name Adam Sweat
13. Birthplace Inknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Pollie ANN Perry
15. Birthplace Inknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr. Jap Sweat
(b) Address Berlin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 5 (Day) 1948 (Year)
(c) Place: burial ~~or cremation~~ Fairview Cemetry

18. (a) Signature of funeral director Robert V. Dunham
(b) Address Pattonsburg Mo.

19. (a) June 10-48 (Date received local registrar) (b) Homer N. Nelson (Registrar's signature) 103

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 3
year 1948 hour 10:30 minute A.M.

21. I hereby certify that I attended the deceased from Feb. 4th 1948 to June 3rd 1948
that I last saw him alive on June 3rd 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cerebral Hemorrhage	June 1st
Due to Carcinoma of the Bladder and	unknown
Due to Prostate	
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.

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 W. S. Campbell (M.D. or other)
Address Albany Mo Date signed June 1948

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Robert V. Dunham, Registered Apprentice No. 50, working under my personal supervision.

Signed G. L. Gromer

Licensed Embalmer No. 2857

P. O. Address

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.