

FILED OCT 8 1948  
Registration District No. 83948 D

Primary Registration District No. 61177

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

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: AT HOME  
(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) 38 years

3. (a) PRINT FULL NAME May Belke Sweet

3. (b) If veteran, name war

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Richard Sweet 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased May 16 1970  
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Union Co Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Sam Morehand

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Sweet

(b) Address Illmo Mo

17. (a) Burial (b) Date thereof Oct 4 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Bhaomfield, Bhaomfield Mo

18. (a) Signature of funeral director Bisplinsheff Funeral Home

(b) Address Illmo, Mo

19. (a) 10-5-48 (b) Dr. N. N. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

(c) City or town Illmo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3  
year 1948 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from Sept. 5 1948 to Oct 3 1948

that I last saw her alive on Oct. 3 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory failure

Due to Cerebral Hemorrhage

Duration 3 months

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations g

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) \_\_\_\_\_ (e) Means of injury 7

While at work? \_\_\_\_\_

23. Signature Penton Wilson (M. D. or other) DO.

Address Empfult, Mo. Date signed Oct 5 1948

RECEIVED

District Health Office No. 2,

District File Number 1048-1285

Date Filed 10-2-48

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**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.....

*Oliver Carmick*

Licensed Embalmer No.....

4470

P. O. Address.....

*Illmo, 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.**