

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **39206**National Office of Vital Statistics
FILED DEC 7 1948Registration District No. **274**Primary Registration District No. **4560**Registrar's No. **36**

1. PLACE OF DEATH:

(a) County Worth
 (b) City or town Sheridan
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 years
 (Specify whether years, months or days)
 In this community 3 years

3. (a) PRINT

FULL NAME Dee Sweetman

3. (b) If veteran,

name war

3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 3 divorced
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive unknown years
 7. Birth date of deceased unknown
 (Month) (Day) (Year)

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

9. Birthplace unknown
 (City, town, or county) (State or foreign country)10. Usual occupation farmer11. Industry or business 12. Name unknown13. Birthplace
 (City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace
 (City, town, or county) (State or foreign country)16. (a) Informant Lee Kemery
Sheridan, Mo.(b) Address 17. (a) Burial (b) Date thereof II-16-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Grant City, Mo.18. (a) Signature of funeral director John C. Dunfee
Grant City, Mo.(b) Address 19. (a) 11-22-1948 (b) Leta E. Dawson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth
 (c) City or town Sheridan
 (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 11 day 14
 year 1948 hour 8 minute 20 M.21. I hereby certify that I attended the deceased from June 10, 1948, to 11-14, 1948,
 that I last saw him alive on 11-13, 1948,
 and that death occurred on the date and hour stated above.Immediate cause of death Myocardial infarction of heart 10 yrsDue to
 Due to Other conditions Semib. Deceased
 (Include pregnancy within 3 months of death)Major findings:
 Of operations Of autopsy no

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 (Physician or other)
 Address Date signed 11-15-48

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Arch C. Dumble

Licensed Embalmer No. *3252*

P. O. Address *Grant City, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Dec

Registration District No. 374

Primary Registration District No. 4550

Registrar's No.

36

1. PLACE OF DEATH:

- (a) County Worth
(b) City or town Sheldon
(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 _____ years, months or days)

3. (a) PRINT
FULL NAMEDee Sweetman

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex m 5. Color w 6. (a) Single, widowed, married,
race _____ divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
_____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

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?

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

39206