

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
c. LENGTH OF STAY (In this place) **10 Yrs.**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Research Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
d. STREET ADDRESS (If rural, give location) **4415 Flora**

3. NAME OF DECEASED (Type or Print)
a. (First) **George** b. (Middle) **Washington** c. (Last) **Sweezy**

4. DATE OF DEATH (Month) (Day) (Year)
July 21 1954

5. SEX **Male** 6. COLOR OR RACE **White**

7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **13 Feb. 1892**

9. AGE (In years last birthday) **62** 10. UNDER 1 YEAR Months **0** 11. UNDER 1 HR. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Carpenter**

10b. KIND OF BUSINESS OR INDUSTRY **Construction**

11. BIRTHPLACE (City and State or Foreign Country) **Carthage, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **William Sweezy**

13b. MOTHER'S MAIDEN NAME **Jane Burnett**

14. NAME OF HUSBAND OR WIFE **Ethel Sweezy**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO **X** **X** **X**

16. SOCIAL SECURITY NO. **-**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Ethel Sweezy 4415 Flora K. C. Mo**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
***This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.**

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Rheumatic Heart Disease**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS.
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4/10X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept 27, 1947** to **July 21, 1954** that I last saw the deceased alive on **July 21, 1954**, and that death occurred at **2:23 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **[Signature]**

23b. ADDRESS **535 Arroyo Bldg. K.C., Mo.**

23c. DATE SIGNED **7-23-54**

24a. BURIAL, CREMATION-REMOVAL (Specify) **Burial**

24b. DATE **24 July-54**

24c. NAME OF CEMETERY OR CREMATORY **Floral Hills**

24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **7-23-54**

REGISTRAR'S SIGNATURE **Geraldine Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Floral Hills Memorial Chapels K.C.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD
Ita C. Layton MD

535 11/1/18

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.....

..... Student Embalmer No.

.....
working under my personal supervision.

Student
Student Embalmer

Signed *Rose Blanford*.....

Licensed Embalmer No. 4015.....

P. O. Address KEK.....

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.