REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5931
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan — Registration District No. 85

(b) Township — Primary Registration District No. 1001 — Registered No. 142

(c) City St. Joseph — (d) Street No. 1017 Edmond St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 50 yrs. – mos. – ds. (f) How long in U. S., if of foreign birth? – yrs. mos. ds.

2. PRINT FULL NAME Ellen Frances Sweeney

(a) Residence, No. 1017 Edmond St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1871.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	67	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Buchanan County (STATE OR COUNTRY) Missouri.

FATHER

13. NAME Daniel M. Sweeney

14. BIRTHPLACE (CITY OR TOWN) Unknown. (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Johanna Ryan

16. BIRTHPLACE (CITY OR TOWN) Unknown. (STATE OR COUNTRY) Ireland

17. INFORMANT D. P. Sweeney (ADDRESS) 1017 Edmond Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery PLACE St. Joseph, Mo. DATE Feb. 13, 1939

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Feb 13, 1939 A. J. Westerbush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 9, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1938, to Feb. 8, 1939

I last saw her alive on Feb. 8, 1939. Death is said to have occurred on the date stated above, at 10:50 PM

The principal cause of death and related causes of importance were as follows: — Date of onset

Carcinoma of Sigmoid (Primary) — Jan 38.

Other contributory causes of importance: Chr Nephritis — –

Name of operation Colostomy — Date of Oct 28

What test confirmed diagnosis? Clin & Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 19......

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank H. Hanlegan M. D.

(Address) Kirkpatrick Bldg.

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

Rpbert P.Clarkson, or by ********

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

Signed Robert P. Clarkson

Licensed Embalmer No. 4028.

P. O. Address 1802 Union St.St.Jose

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.