

S. No. 2  
-11-10-39  
5-17-39  
P. I. K.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29782

SEP 25 1940

Registration District No. 799

Primary Registration District No. 6043

Registrar's No. 39

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

1. PLACE OF DEATH *Saline Mo*

(a) County *Saline*

(b) City or town *Paris*

(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 \_\_\_\_\_

In this community *70 years* (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Saline*

(c) City or town *Paris*

(d) Street No. *State Mo R 70A*

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME *Elvira Swisher*

3. (b) If veteran, name war \_\_\_\_\_

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Aug* day *10* year *1940* hour *10:45* minute *45* AM.

21. I hereby certify that I attended the deceased from *July 10* 1936 to *Aug 7* 1940 that I last saw her alive on *Aug 7* 1940 and that death occurred on the date and hour stated above.

4. Sex *female*

5. Color of race *white*

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased *July 23 - 1845*

Immediate cause of death *Senility*

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

8. AGE: Years *95* Months *0* Days *14* If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace *Weston Platte Co Mo*

10. Usual occupation *House Wife*

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

12. Name *Harvey Hedges*

13. Birthplace *Virginia*

14. Maiden name *Married Swisher*

15. Birthplace *Marion Mo*

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? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

16. (a) Informant *Mrs Clarence Pable*

(b) Address *State Mo R 70A*

17. (a) ~~Place of death~~ (b) Date thereof *8-9-40*

(c) Place: burial or cremation *New Horton Mo*

18. (a) Signature of funeral director *W. M. Little*

(b) Address \_\_\_\_\_

19. (a) *W. M. Little* (b) *W. M. Little*

(Date received local registrar) (Registrar's signature)

23. Signature *W. M. Little* (M. D. or \_\_\_\_\_)

Address *State Mo* Date signed *8-10-40*

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9-11-10

**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 \_\_\_\_\_

Licensed Embalmer No. 3143

P. O. Address Slater, 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, above space should be left blank.**