

1000 JAN 15 1938

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

43369
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 408
 (b) Township _____ Primary Registration District No. 3020 Registered No. _____
 (c) City Carthage Mo (d) Street No. McCune Brook Hospital 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 _____ yrs. mos. da. (f) How long in U. S., if of foreign birth? _____ yrs. mos. da.

2. PRINT FULL NAME 5400 Oscar Allen Swain
 (a) Residence, No. Hochenville, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30th 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or min. 0 0 0 2
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 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) (STATE OR COUNTRY) Carthage Mo
 FATHER 13. NAME Oscar H. Swain
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Diamond Mo
 MOTHER 15. MAIDEN NAME Nellie Z. Carter
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carterville Mo
 17. INFORMANT Oscar H. Swain
 (ADDRESS) Hochenville Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forsman Cemetery 12/31 38
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Olmer Turner Home Carthage Mo
 20. FILED Dec. 31, 1938 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30th 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1938 to Dec 30, 1938
 I last saw him alive on Dec 30, 1938. Death is said to have occurred on the date stated above, at 8:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia and during second stage of labor followed by heart failure Dec 30, 38
 Date of onset _____
 Other contributory causes of importance: 160 B
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? _____
 If so, specify _____ (Signed) P. W. Webster, M. D.
 (Address) Carthage, Mo.

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.

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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 Edmund

Licensed Embalmer No. 2222

P. O. Address Carthage

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.