

DEC'D FEB 25 1939

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

3449

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township 2 Primary Registration District No. 3092 Registered No. 21
(c) City Sedalia (d) Street No. 407 N. Prospect 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eliza Haymond Swearingen

(a) Residence, No. 407 N. Prospect 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas A Swearingen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 8 27

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) West Virginia
(STATE OR COUNTRY)

FATHER
13. NAME William Haymond

14. BIRTHPLACE (CITY OR TOWN) W. Va.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Elizabeth Fleming

16. BIRTHPLACE (CITY OR TOWN) W. Va.
(STATE OR COUNTRY)

17. INFORMANT Robert Swearingen
(ADDRESS) Sedalia, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE January 23, 1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home
(ADDRESS) Sedalia, Missouri 98 E

20. FILED Jan 21, 1939 Mrs Harry Sneed
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1939, to Jan 21, 1939
I last saw him alive on Jan 21, 1939. Death is said to have occurred on the date stated above, at 11:35 a.m.

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

Stroke

Date of onset

Jan 15, 1939

Other contributory causes of importance

Broken leg hip

Jan 6, 1939

Name of operation None Date of None

What test confirmed diagnosis? Chem. X-ray Was there an autopsy? No

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

Accident, suicide, or homicide? Accident Date of injury Jan 6, 1939

Where did injury occur? In her home
(Specify city or town, county, and State)

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

In home

Manner of injury Fracture legs hip, All no floor

Nature of injury Fracture legs hip

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

If so, specify None

(Signed) Charles Sneed, M. D.

(Address) Sedalia, Mo

Date Filed 12/31/39
District File Number _____
District Health Officer No. 8

RECEIVED

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, _____

Geo. Willard

or by _____

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

Signed _____

Geo Willard

Licensed Embalmer No. 3868

P. O. Address Sidaria 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.