

DEC'D FEB 16 1939

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

4199
Do not use this space.

1. PLACE OF DEATH

(a) County Wernon 3 Registration District No. 875
(b) Township Washington Primary Registration District No. 26167
(c) City Neovada (d) Street No. State Hosp #3 Registered No. 13
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John J. Van Swearingen
(a) Residence, No. Neovada, 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1872

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

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

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) DK. 11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Harry Van Swearingen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK. C.

MOTHER 15. MAIDEN NAME DK. G.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK. 1

17. INFORMANT Hospo Records (ADDRESS) Neovada Mo

18. BURIAL, CREMATION, OR REMOVAL Hospo. Cem. DATE Jan 16, 1939

19. FUNERAL DIRECTOR (NAME) Ferry Funeral Home (ADDRESS) Neovada Mo

20. FILED Jan 16, 1939 Allen V. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13th, 19 39

22. I HEREBY CERTIFY, That I attended deceased from Jan 13th, 19 39, to Jan 13th, 19 39
I last saw him alive on Jan 13th, 19 39. Death is said to have occurred on the date stated above, at 8 p. m.
The principal cause of death and related causes of importance were as follows:

Neoplastic Pneumonia Date of onset 1-8-39

Other contributory causes of importance:
Mitral Heart Disease DK
Lues DK

Name of operation Date of
What test confirmed diagnosis? 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) J. A. Hopkins M. D.
(Address) Neovada, Mo.

RETURN TO THE BOARD OF HEALTH
SUNSHINE BATHING BEACH
WASH. COUNTY, ARIZONA

RECEIVED
District Health Officer No. 7,
District File Number 7-39-25-
Date Filed 2-9-39

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, Personal
....., or by

Registered Apprentice No., working under my personal supervision.

Signed Lloyd B. Wainwright
Licensed Embalmer No. 3857
P. O. Address Nevada, 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.