

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

6713
Do not use this space.

REC'D MAR 16 1939

1. PLACE OF DEATH
 (a) County Mon. Registration District No. 390
 (b) Township Union Primary Registration District No. 5545 Registered No. 8
 (c) City Desha (d) Street No. _____ (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 LIZZIE LOWE SWEAZEA
 (a) Residence, No. _____ 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John S. Sweazea
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 11 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Middlebrook, Mo.
 FATHER 13. NAME Carlton Lowe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Car.
 MOTHER 15. MAIDEN NAME Mary J. Davidson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desha
 17. INFORMANT (ADDRESS) Mary Crounce
 18. BURIAL, CREMATION, OR REMOVAL PLACE Desha DATE Jan 19 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Cook
 20. FILE NO. 39 126 Similar Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11-1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1938, to Jan 11, 1939
 I last saw her alive on Nov. 11, 1939. Death is said to have occurred on the date stated above, at 100 m.
 The principal cause of death and related causes of importance were as follows:
Cancer of the uterus Date of onset _____
 Other contributory causes of importance: Arteriosclerosis
She was operated on and they said the cancer was so far advanced that it was not curable
 Name of operation _____ Date of _____
 What was 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) W. H. Cook, M. D.
 (Address) Union, 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.

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, _____

Norman W. Gish, or by _____
Registered Apprentice No. _____, working under my personal supervision.

Signed *Norman W. Gish*
Licensed Embalmer No. *3387*
P. O. Address *Bedmont No.*

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.