

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

11262
Do not use this space.

RECD APR 19 1939

1. PLACE OF DEATH

(a) County Johnson ² Registration District No. 426
 (b) Township Chilhowee ¹ Primary Registration District No. 5581
 (c) City..... (d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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

(a) Residence, No. 560 Morris M. Sware 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 Nettie Mae Sware
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or businesses 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) Johnson Co. Mo.

FATHER 13. NAME E. W. Sware

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Lelia Haynes

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

17. INFORMANT Mrs. Morris M. Sware
 (ADDRESS) 113 Centerview Mo.

18. BURIAL, CREMATION, OR REMOVAL Wagon Cem. Johnson Co. DATE Mar. 7 1939

19. FUNERAL DIRECTOR (NAME) W. F. Wilcox Funeral Service
 (ADDRESS) Warrensburg Mo.

20. FILED 3/15/39 19 O. L. Devoan
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1939, to Mar. 5, 1939
 I last saw him alive on Mar. 2, 1939. Death is said to have occurred on the date stated above, at 11:15 P. M.
 The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy Date of onset
gpm

Other contributory causes of importance:
High Blood Pressure

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) R. L. Gills, M. D.
 (Address) Holden Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-1038 I X16603

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/8/39

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, or by.....

Donald W. Turpin....., Registered Apprentice No.....
working under my personal supervision.

Signed Donald W. Turpin

Licensed Embalmer No. 3053

P. O. Address Warrensburg 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.