

667 JUL 10 1939

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

21002  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township How Primary Registration District No. 307  
 (c) City W.C. Mo. (d) Street No. General Hospital #2 Registered No. 2270  
 (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 77 yrs. 11 mos. 11 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Grace Swindell  
 (a) Residence, No. 2421 Forest 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF Ed Swindell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-18-1920

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>18</u>	<u>5</u>	<u>11</u>	

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) Arkansas

FATHER

13. NAME James Jones

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

MOTHER

15. MAIDEN NAME Bertha Moore

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

17. INFORMANT (ADDRESS) Resord Clerk General Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Cem DATE 6/1/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Widdings Bros 1729 Ly diaz

20. FILED 6/1/39 W. C. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-18, 1939, to 5-29, 1939  
 I last saw her alive on 5-29, 1939. Death is said to have occurred on the date stated above, at 6:00 m. a. m.  
 The principal cause of death and related causes of importance were as follows:  
Terminal Bronch  
Pneumonia  
Encephalomalacia  
 Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? yes

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. C. Brown M. D.  
 (Address) General Hospital #2

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.

**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 Robert Adams

Registered Apprentice No. 178, working under my personal supervision.

Signed T. B. Haskins

Licensed Embalmer No. 2889

P. O. Address 1729 Lydia

**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.**