

REC'D AUG 17 1939

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

25944

Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 411
 (b) Township Joplin Primary Registration District 1200A Registered No. _____
 (c) City Joplin (d) Street No. 1227 _____ 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. _____ How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Hannah Swartz
 (a) Residence, No. 1227 Joplin St. about 64 yrs.
 (Usual place of abode, and street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Swartz

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 1854

8. AGE YEARS 79 MONTHS 8 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SAWYER, BOOKKEEPER, ETC. home duties

10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SAW MILL, BANK, ETC. _____

11. 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) Lanesville Ohio

13. NAME James James

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

15. NAME Rebecca Mergel

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

17. INFORMANT Hubert Lund (ADDRESS) Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE 7-24-39

19. FUNERAL DIRECTOR (ADDRESS) Hubert Lund

20. FILED 22 1939 Ed Jemie Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from _____ to _____

I last saw her alive on July 21 1939 Death is said

to have occurred on the date stated above, at _____

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

Generalized arteriosclerosis
Sclerosis of aortic valve
Carcinoma of sigmoid colon.

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? no

If so, specify _____

(Signed) W. M. Ramsey, M. D.(Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Wm Ramsey

RECEIVED.

District Health Officer No. 6,

District File Number 839-1655

Date Filed AUG 10 1938

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer 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.)