

REC'D SEP 19 1939

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

29829

Do not use this space.

**1. PLACE OF DEATH**

(a) County Nodaway Registration District No. 625  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3031 Registered No. 111  
 (c) City Maryville or \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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. mo. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

630 SARAH SWIGART FORD.  
 (a) Residence, No. 422 West 2nd St. St.  (If nonresident, give city of town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. S. Ford.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
75 1 21

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) Manassah Ohio

FATHER 13. NAME Leonard Swigart.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME Margaret Schrack

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

17. INFORMANT (ADDRESS) Gladys Ford, Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Cemetery DATE Aug 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home Maryville Mo.

20. FILED Aug 25-1939 Manuel E. Clardy Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1939.

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1935 to Aug 13, 1939  
 I last saw her alive on Aug 12, 1939 Death is said to have occurred on the date stated above, at 7:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

general arteriosclerosis  
hypertension Date of onset not known  
J. S. Ford

Other contributory causes of importance:

Cerebral Hemorrhage 4-28-38

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? examined 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. C. Blayman, M. D.

(Address) Maryville Mo.

RECEIVED

DEPARTMENT OF HEALTH OFFICE No. 114

939-1215

SEP 14 1939

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

Signed.....

*John W. Price*

Licensed Embalmer No. *3229*

P. O. Address. *Maryville Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**