

Registration District No. _____

Primary Registration District No. 5895

Registrar's No. 672

1. PLACE OF DEATH:

(a) County Pettis Abbeiden
(b) City or town La Monte Route No. 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Carol D. Swearingin 652

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased Aug. 13, 39
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
	<u>2</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace La Monte Mo. R. 2
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Lowell Swearingin

13. Birthplace Penton Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna P. Reed

15. Birthplace Penton Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lowell Swearingin

(b) Address La Monte Mo. R. 2.

17. (a) _____ (b) Date thereof 10-27-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Bob Varian

(b) Address La Monte Mo

19. (a) 10-27 (b) J. Evans
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
(c) City or town La Monte Mo. R. #2
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 - day 26 1939
year _____ hour 6-30 P. minute _____ M.

21. I hereby certify that I attended the deceased from Oct. 20, 39 to Oct. 26, 1939

that I last saw her alive on Oct. 26, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Erysipelas of face & chest. Duration 4 days

Due to abscess of right eye & of face 15 days

Due to do not know

Other conditions suppurative sore throat 1 week
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following: none

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature Chas. Moore (M. D. or other) 1
Address S. 2nd St. Mo. Date signed Oct 27 1939

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.