

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

40409

Do not use this space.

1. PLACE OF DEATH

(a) County Madaway Registration District No. 625
 (b) Township Jefferson Primary Registration District No. 3336 Registered No. 156
 (c) City Marionville Mo (d) Street No. St. Francis Hospital 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. 1 ds. (f) How long in U. S., if of foreign birth? 43 yrs. mos. ds.

2. PRINT FULL NAME Wm Henry Swann

(a) Residence, No. Darlington St. Darlington, Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (Write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF Mary E. Archer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 27 Feb 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 69 9 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister

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** 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ferrington Park, England

13. NAME William Swann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ferrington Park, England

15. MAIDEN NAME Mary Museen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ferrington Park, England

17. INFORMANT (ADDRESS) Mary E. Swann
Darlington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Darlington DATE Nov 30 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Central Funeral Home
951 South Main, Marionville, Mo.

20. FILED 11-28 1939 Mamie E. Clarke
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I first saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset 11/28

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 11/28 1939
 Where did injury occur? near R. avenue wood, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury public road automobile wreck

Nature of injury crushing injuries of chest

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ M. D.
 (Signed) Chas. D. Humberd, M.D.
 551 (Address) Cooper, Madaway Co., Mo.

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.

210 A-
95

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.....

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

Signed *William Campbell*

Licensed Embalmer No. *2627*

P. O. Address *Margville 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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40409
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1. PLACE OF DEATH

(a) County Madaway Registration District No. 675
 (b) Township _____ Primary Registration District No. 3031 Registered No. 156
 (c) City Marionville (d) Street No. _____
 (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. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wm Henry Swan

(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 9 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19_____

I last saw him _____ alive on _____, 19_____. Death is said to have occurred on the date stated above, at _____ m.

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

Crushing injuries of chest; auto wreck; car ran into roadside ditch; non-collision

Other contributory causes of importance: _____

Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 11-28, 1939

Where did injury occur? near town road, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or a public place.

Manner of injury Public road
 Nature of injury Auto Wreck
Crushing injuries of chest

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Chas D. Heubrand, M.D.

(Address) Marionville, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. LOCAL HEALTH DEPARTMENTS SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

