JAN 8 1940

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

42666
Do not use this space.

1. PLACE OF DEATH
(a) County Barry 1
(b) Township
(c) City Cassville
Registration District No. 29
Primary Registration District No. 5038-4621
Registered No. 54
(d) Street No. Barry County 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur Boyd Swaffar
(a) Residence, No. Barry County St. R. F. D. Purdy, 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 Myrtle Swaffar
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/22/1883
7. AGE: Years 55 | Months 8 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Oct. 12/38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Tennessee

FATHER
13. NAME T. J. Swaffar
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Bell Hemphill
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Myrtle Swaffar
(ADDRESS) Purdy, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sparks DATE 10/30 1938
19. FUNERAL DIRECTOR Koon Funeral Home,
(ADDRESS) Cassville, Missouri
20. FILED 12-29 1938 Leon Newman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/29/ 1938
22. I HEREBY CERTIFY, That I attended deceased from 10-18, 1938 to 10-29, 1938
I last saw him alive on 10-29, 1938 Death is said to have occurred on the date stated above, at 1:0 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
(Onset Probably —)	10-16-38
Other contributory causes of importance:	
Ruptured Appendix	10-16-38

Name of operation Drainage Date of 10-18-38
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Leon Newman M. D.
(Address) Cassville, Mo

30

(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.

RECEIVED
District Health Officer No. 6,
District File Number 140-37
Date Filed JAN 5 1940

STATEMENT BY LICENSED EMBALMER

I, R. J. Miller, Licensed Embalmer No. 3794

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

L. E.

No. 3794 or by Registered Apprentice No.

working under my personal supervision.

Signed R. J. Miller

Licensed Embalmer No. 3794

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