DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43081

Registration District No. 184 Primary Registration District No. 5256 Registrar's No. 49

1. PLACE OF DEATH:

(a) County: Christian

(b) City or town: "Rural" N. Galloway Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 mile south of Highlandville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Christian

(c) City or town: Highlandville, Mo. "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No.: 1 mile south of Highlandville
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ---years.

3. (a) PRINT FULL NAME: Lydia Cathryn Swearengin

3. (b) If veteran, name war: ---

3. (c) Social Security No.: ---

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Husband, Joe Swearengin

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: October 4, 1875 (Month) (Day) (Year)

8. AGE: Years 64 | Months 1 | Days 4 | If less than one day: hr. min.

9. Birthplace: Douglas County, (City, town, or county) MO. (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business: Home

FATHER
12. Name: William Silvey
13. Birthplace: (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Rebecca Ellison
15. Birthplace: (City, town, or county) MO. (State or foreign country)

16. (a) Informant's own signature: JOE SWEARINGEN
(b) Address: Highlandville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/9/39 (Month) (Day) (Year)
(c) Place: burial or cremation: Swearengin Cemetry

18. (a) Signature of funeral director: B. C. Kipper
(b) Address: Ozark, Missouri

19. (a) Jan 5-1940 (Date received local registrar) (b) Loretta Leonard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8 year 1939 hour 7 minute 10 a.m.

21. I hereby certify that I attended the deceased from Indirectly thru husband 19..., to 19...; that I last saw h... alive on 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy followed by acute dilatation, Myocardial	
Due to: Apoplexy in Sept. 1936 & Sept 1938	
Due to:	
Other conditions: Gall Stones (Include pregnancy within 3 months of death)	
Major findings: Of operations: N/A	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Dr. Harry H. Wilson (M. D. or other)
Address: Sparta, Mo. Date signed:

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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
[illegible] Officer No. 6,
District File Number 140-251
Date Filed JAN 16 1940

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 Forest Klepper, Registered Apprentice No. 143 working under my personal supervision.

Signed B. C. Klepper

Licensed Embalmer No. 2178

P. O. Address Ozark, Mo.

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

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