DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3580

FILED FEB 15 1940

Registration District No. 161 Primary Registration District No. 4456 Registrar's No. 1

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town Appleton City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 8 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Clair
(c) City or town Appleton City
(If outside city or town limits, write "RURAL")
(d) Street No. 327 West 3d St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME LAVINNA ALICE SWEGER
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Jacob K. Sweger
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased May (Month) 20 (Day) 1861 (Year)
8. AGE: Years 78 Months 7 Days 13 If less than one day ____ hr. 1 min.
9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeping
11. Industry or business
MOTHER FATHER
12. Name Henry - Phelps
13. Birthplace Not Known (City, town, or county) (State or foreign country)
14. Maiden name Un Known
15. Birthplace Un Known (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Nellie Schlichtman
(b) Address Appleton City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Johnstown Mo
18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo
19. (a) Jan. 5 1940 (Date received local registrar) (b) Olea Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1940 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from Dec 15, 1939, to Jan 3, 1940, that I last saw h alive on Jan 3, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gastric hemorrhage	
Due to: Cancer of Stomach	
Due to: 46	
Other conditions: Chronic myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 A. L. Hanson M.D. (M. D. or other) 1
Address Appleton City Date signed Jan 5-40

(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. 7,
District File Number 2-40-257
Date Filed 2-13-40

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 Me on the 3d day of Jan 1940, Registered Apprentice No. working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.