

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.

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County Henry  
 (b) City or town Clinton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) ✓  
 (d) Length of stay: In hospital or institution  
(Specify whether years, months or days)  
 In this community 18 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Henry  
 (c) City or town Clinton  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R. F. D. #1  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Anna Myrtle Swindel  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 500-07-0001

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 22<sup>nd</sup>  
 year 1940 hour 11 minute 0 0 M.  
 21. I hereby certify that I attended the deceased from March 21  
1940, to March 22, 1940,  
 that I last saw her alive on March 21, 1940,  
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 35 years  
 7. Birth date of deceased December 11 1896  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration presumably 2 days  
 Due to unknown  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy Cerebral hemorrhage right frontal lobe

8. AGE: Years 43 Months 11 Days 31 br. min.  
 9. Birthplace Lewis Station Mo.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife  
 11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name Henry Davis  
 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Fewell  
 15. Birthplace Lewis Station Mo.  
(City, town, or county) (State or foreign country)

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? 31<sup>st</sup>  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature S. B. Hughes (M. D. or other) H  
 Address corner of \_\_\_\_\_ Date signed 3/22/40

16. (a) Informant's own signature Starbuck Swindel  
 (b) Address \_\_\_\_\_  
 17. (a) Burial (b) Date thereof March 26 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Colooid Cemetery  
 18. (a) Signature of funeral director Spurrier  
 (b) Address Clinton Mo.  
 19. (a) 3-30-40 (b) Dr. J. R. \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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**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

*Louis N. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Clinton, 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.**