

1 1940

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

25028

Do not use this space.

## 1. PLACE OF DEATH

(a) County Dallas Registration District No. 241  
(b) Township N. Benton Primary Registration District No. 241 Registered No. 1267  
(c) City Buffalo or Buffalo (d) Street No. 5354 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

Edward C. Swift  
(a) Residence, No. Buffalo, Mo. Rural (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

|   |                              |   |
|---|------------------------------|---|
| 3. SEX<br><u>m</u>  | 4. COLOR OR RACE<br><u>w</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF<br><u>Harriet Swift</u>               |                              |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Jan. 26 / 1870</u>                                    |                              |   |
| 7. AGE<br><u>70</u>   | YEARS<br><u>4</u>            | MONTHS<br><u>26</u>   |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.<br><u>farmer</u> |                              | 11. Total time (years) spent in this occupation                             |
| 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)                                   |                              |   |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Buffalo Mo</u>                               |                              |   |
| 13. NAME<br><u>Willis Swift</u>   |                              |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>unknown</u>                                  |                              |   |
| 15. MAIDEN NAME   |                              |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>"</u>  |                              |   |
| 17. INFORMANT (ADDRESS)<br><u>Floyd Swift</u><br><u>Buffalo Mo.</u>                                 |                              |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>Oak Lawn</u> DATE <u>6-24</u> 19 <u>40</u>            |                              |   |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS)<br><u>L. B. Jones</u><br><u>Buffalo Mo.</u>                   |                              |   |
| 20. FILED <u>8-14</u> 19 <u>40</u> <u>Harry Morrow</u><br>Local Registrar                           |                              |   |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21 1940

22. I HEREBY CERTIFY, That I attended deceased from May 15 1940, to 6-21 1940.  
I last saw him alive on 6-18 1940. Death is said to have occurred on the date stated above, at 12:30 a.  
The principal cause of death and related causes of importance were as follows:  
Chronic Cardio-Renal disease Date of onset OK

Other contributory causes of importance:  
Hypertension & angina pectoris OK 6-7-40

Name of operation None Date of None  
What test confirmed diagnosis? Rural 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) E. B. Hummer, M. D.  
218 (Address) Buffalo Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 importa:

X 18608

RECEIVED  
District Health Officer No. 7,  
District File Number 8-40-1219  
Date Filed 8-16-40

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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.....  
Licensed Embalmer No.....  
P. O. Address.....

**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.**