

No. 10-39  
5-17-39  
X21492

State File No. \_\_\_\_\_

Registration District No. 773

Primary Registration District No. 6023

Registrar's No. 137

**1. PLACE OF DEATH:**  
 (a) County St. Francois Co.  
 (b) City or town Farmington Pl. 1 Pendleton  
 (If outside city or town limit, 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)  
 In this community 20 years  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MO (b) County St. Francois  
 (c) City or town Rural Pendleton Twp  
 (If outside city or town limit, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** La B. Swearingin 1052  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month July day 29  
 year 1840 hour 3 minute 30 P. M.

4. Sex Female 5. Color or race W.  
 6. (a)  Single,  widowed,  married,  divorced,  married  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased Sept 27 1867  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 10 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Heart attack  
 Due to Myocardial inf

9. Birthplace Iron, Mo. (City, town, or county) (State or foreign country)  
 10. Usual occupation Home maker

Due to 93A  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Carroll Smith  
 13. Birthplace MO. (City, town, or county) (State or foreign country)  
 14. Maiden name Adaline Duran  
 15. Birthplace 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? \_\_\_\_\_

16. (a) Informant Mary Gallagher daughter  
 (b) Address Flat River MO  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 40  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Flower Iron County MO  
 18. (a) Signature of funeral director C. H. Cozart  
 (b) Address Farmington Mo.  
 19. (a) July 30-40 (b) B. H. Robinson  
 (Date received local registrar) (Registrar's signature)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

23. Signature Geo Diemer (Specify type of place) (e) Means of injury Coroner  
 Address Flat River MO Date signed 7-30-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

C. H. Cozear

Licensed Embalmer No. \_\_\_\_\_

4084

P. O. Address \_\_\_\_\_

Farmington

**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.**