

FILED OCT 18 1940

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

31906

Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 281
 (b) Township Spencer Primary Registration District No. 6256 Registered No. 60
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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

(a) Residence, No. James H. Swearengin
Farmland Rural
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Martha Swearengin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 1 - 1888</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>11</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Douglas Co Mo</u>		
FATHER	13. NAME <u>Levy J. Swearengin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Parahert</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Louis Swearengin</u> <u>Farmland Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Chapel</u> DATE <u>Sept-19 1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Ruby Ferrell</u> <u>Suzmon Mo</u>		
20. FILED <u>9-28</u> 1940 <u>Reba King White</u> <u>Local Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 13.02m.

The principal cause of death and related causes of importance were as follows:

no Dr. present or had attended, but it had been said he had
Creeping Paralysis.
 Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 776

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 1

If so, specify _____

(Signed) Reba King White Co Registrar.(Address) Avb, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 1140-2639

Date Filed OCT 2 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 _____

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.