

No. 2
43-40
17-92
X23159

STANDARD CERTIFICATE OF DEATH

State File No. **36195**

Registration District No. **744**

Primary Registration District No. **5976B**

Registrar's No. **105**

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **Excelsior Springs Mo.**
(c) Name of hospital or institution: **none**
(d) Length of stay: In hospital or institution **none**
In this community **all life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ray**
(c) City or town **Rural**
(d) Street No. **8 Miles South East of Excelsior**
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **13**
year **1940** hour **11** minute **55** P.M.

21. I hereby certify that I attended the deceased from **Nov 10** to **Nov 13** 19**40**
that I last saw her alive on **Nov 7** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypostatic Pneumonia**
Colitis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature **E. E. Ray** (M. D. or other)
Date signed **11-14-40**

3. (a) PRINT FULL NAME **Lora Swofford**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **T. A. Swofford** 6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **Oct. 14. 1892**

8. AGE: Years **48** Months **---** Days **20** If less than one day hr. min.

9. Birthplace **Vibbard Mo.**

10. Usual occupation **House Duties**

11. Industry or business

12. Name **G. J. Mc Canliss**

13. Birthplace **Vibbard Mo.**

14. Maiden name **Lena Rentfro**

15. Birthplace **Rayville Mo.**

16. (a) Informant **T. A. Swofford**

(b) Address **Excelsior Springs MO.**

17. (a) **Burial** (b) Date thereof **Nov. 5. 1940**

(c) Place: burial or cremation **Crowley Cemetery**

18. (a) Signature of funeral director **E. Thurman**

(b) Address **Richmond Mo.**

19. (a) **Nov 4-40** (b) **malcolm jackson**

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1292

RECEIVED
District Health Officer No. 8,
District File Number 11-13-40
Date Filed

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, as by

....., Registered Apprentice No.

working under my personal supervision.

Signed E. H. Hummer

Licensed Embalmer No. 2073

P. O. Address Richmond

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36195

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 744

Primary Registration District No. 5976B

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond, R.F.D.
(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 _____
In this community _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits 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

Lora Swofford

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 48 Months - Days 20
If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Nov day 3
year 1946 hour _____ minute _____ M.

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.

Immediate cause of death hypostatic pneumonia
Due to bronchial pneumonia

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature E. E. Gray (M. D. or other) _____
Address Richmond Date signed _____

SUPPLEMENTAL COPY

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

MOTHER FATHER

