

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. 2

Primary Registration District No. 202

1. PLACE OF DEATH:
 (a) County Andrew
 (b) City or town Rosendale
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 7 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Andrew
 (c) City or town Rosendale (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 LUCY MYRTLE SWARTZ
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 2 day 3 year 1941 hour 4 minute A. M.
 21. I hereby certify that I attended the deceased from Jan 1939 1939, to Feb. 3 1941
 that I last saw him alive on Feb. 2 1941
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Edward Anderson Swartz 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased Nov 28 1887 (Month) (Day) (Year)

Immediate cause of death Carcinoma of uterus Duration 3 yrs.
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 53 Months 2 Days 5 If less than one day _____ hr. _____ min.
 9. Birthplace Rosendale Mo (City, town, or county) (State or foreign country)
 10. Usual occupation at home

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

11. Industry or business _____
FATHER
 12. Name John Henry Snider
 13. Birthplace Baldwell Mo (City, town, or county) (State or foreign country)
MOTHER
 14. Maiden name Mary Frances Kellogg
 15. Birthplace Rosendale Mo (City, town, or county) (State or foreign country)
 16. (a) Informant's own signature Edward A. Swartz
 (b) Address Rosendale Mo
 17. (a) P. (Burial, cremation, or removal) (b) Date thereof 2-5-1941 (Month) (Day) (Year)
 (c) Place: burial or cremation Bennett Lane
 18. (a) Signature of funeral director E. C. Breit
 (b) Address if available
 19. (a) Feb 7, 1941 (Date received local registrar) (b) M. Blood (Registrar's signature)

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? _____
 (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature V. R. Wilson (M. D. or _____)
 Address Rosendale Date signed Feb 5, 1941

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Ga

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.