

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1666**

Registration District No. **40**

Primary Registration District No. **4024**

Registrar's No. **5**

1. PLACE OF DEATH:

(a) County **Barton**
(b) City or town **Lamar**
(If outside city or town limits, 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 **1 1/2 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton** **6**
(c) City or town **Lamar**
(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.? **0** years.

3. (a) PRINT FULL NAME **Jackson Alfred Swafford**

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

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Martha Swafford** 6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **August 8th, 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 **5** **20** hr. min.

9. Birthplace **Richmond, MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **A.M. Swafford**
13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Swafford**
15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Martha Swafford**
(b) Address **Lamar, MO.**

17. (a) **Burial** (b) Date thereof **Jan 30th 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenlawn, Jasper, MO.**

18. (a) Signature of funeral director **Rever Funeral Home**
(b) Address **Lamar, MO.**

19. (a) **Jan 20 1941** (b) **Mrs Josephine Myra**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **28th**
year **1941** hour **11** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Jan 5**, 19**41**, to **Jan 28**, 19**41**;
that I last saw him alive on **Jan 28**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Gangrene of Left Foot** **3 weeks**
Diabetes **57 years**

Due to _____
Due to **61**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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? **40**

While at work _____ (Specify type of place)
(e) Means of injury _____
Signature **Jern T. Bickel, M.D.** (M. D. or other) **M.D.**
Address **Lamar, Mo.** Date signed **1-30-41**

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

RECEIVED

District Health Officer No. 61

District File No. 141-232

Date Filed FEB 7 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 *R. C. River*

Licensed Embalmer No. 3141

P. O. Address *Lamar, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.