

No. 2
-11-10-39
5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1986

State File No. _____

FILED FEB 14 1941

Registration District No. 98

Primary Registration District No. 5145

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Caldwell,
(b) City or town Rural--New York Town-ship,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
New York Town-ship, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All His Life, (Specify whether)
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Caldwell, 13
Rural--New York Town-ship,
(c) City or town _____ (If outside city or town limits, write "RURAL") 0
(d) Street No. Rural, (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? Born-U.S.A. years.

3. (a) PRINT FULL NAME George Washington Swindler,

3. (b) If veteran, No No name war _____ 3. (c) Social Security No. None,

4. Sex Male, 5. Color or race White 6. (a) Single, widowed, married married
/divorced _____

6. (b) Name of husband or wife Elizabeth Culp Swindler, 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb.-19th.-1864,
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 13 If less than one day
hr. _____ min. _____

9. Birthplace Caldwell-County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer-&-Stock Man,

11. Industry or business Farming,-&- Feeding,

12. Name Joseph Swindler,

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

14. Maiden name Saline Liler,

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

16. (a) Informant Henry Swindler

(b) Address Court St., Mo.

17. (a) Burial (b) Date thereof Jan.-5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagon Hill Cemetery

18. (a) Signature of funeral director E. M. Miller

(b) Address Bryant, Mo.

19. (a) January 12, 1941. (b) Mrs Ruth Hill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 4th 1940, to January 2nd 1941;
that I last saw him alive on January 2nd 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism Duration 12 hrs.
Due to Coronary Sclerosis. ant known
Due to Generalized Arterio-Sclerosis. 15 yrs +

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? _____ (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 Herbert R Booth (M. D. or other) M.D.
Address Hamilton Mo Date signed 1/9/41

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. P. Michael

Licensed Embalmer No. 1363

P. O. Address Braymer, Mo.

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.