No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Farthing

State File No. 2563

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 3

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1100 E. McDaniel /
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 32
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1100 E. McDaniel
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Amanda Adeline Swearengin
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Oct. (Month) 30 (Day) 1847 (Year)

8. AGE: Years	Months	Days	If less than one day
93	2	1	hr. min.

9. Birthplace Christian County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business Home
MOTHER FATHER
12. Name Joseph Johns
13. Birthplace Unknown (City, town, or county) / Tennessee (State or foreign country)
14. Maiden name Abigail Gailzorice
15. Birthplace Unknown (City, town, or county) / Tennessee (State or foreign country)
16. (a) Informant Joe Swearengin
(b) Address Highlandville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Swearengin Cem.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 1-3-41 (Date received local registrar) (b) W.E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1 year 1941 hour 3 minute 30 a. M.
21. I hereby certify that I attended the deceased from Jan 1, 19 41 to Jan 3, 19 41 that I last saw h. alive on Jan 3, 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Lobar (Rt.) Pneumonia 4 hr
Due to
Due to
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Fred R. Farthing M.D. (M. D. or other)
Address Springfield, Mo. Date signed Jan 3 1941

(Licensed Embalmer's Statement on Reverse Side)

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 M. L. Conaday

Licensed Embalmer No. 3434

P. O. Address Springfield Mo

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

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