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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10803

Registration District No. 371 Primary Registration District No. #217 Registrar's No. 61

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

14 0 0

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Maitland
(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 44 yrs. 11 mo 1 da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74 0 0
(c) City or town Maitland
(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.? 1 years.

3. (a) PRINT FULL NAME GEORGE H. SWAN
3. (b) If veteran, name war (Identification (G H Swan Barber shop.)
3. (c) Social Security No. 440454970
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Aretha A Swan
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased ~~Penn Nebr~~ 1866 (Month) Mar. 31. ~~1941~~ (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	11	0	hr. min.

9. Birthplace Penn, Nebr. (City, town, or county) 1 (State or foreign country)
10. Usual occupation Barber.
11. Industry or business Barber shop
FATHER
12. Name T. L. Swan
13. Birthplace Ill. (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Rebecca Showalters
15. Birthplace Forbes (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Mrs G.H. Swan
(b) Address Maitland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Maitland K.P.
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Maitland Mo.
19. (a) 2-1-41 (Date received local registrar) (b) Vern W. Stout (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1
year 1941 hour 4 minute 30 P M.
21. I hereby certify that I attended the deceased from 2/27, 1941, to 3/1, 1941;
that I last saw him alive on 3/1, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Flu Pneumonia	
Lobar Pneumonia	12 days
Due to	
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy none	

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? 3 3 2 (Specify type of place)
While at work? (e) Means of injury
23. Signature E L Morgan (M. D. or other) 0
Address Graham, Mo Date signed 3/7/41

(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 W. Dean Campbell, Registered Apprentice No. ..... working under my personal supervision.

Signed W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Maysville Ma

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

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