

No. 2  
1-13-40  
17-39  
X23159

**APR 9 1941**  
Registration District No. **76**

Primary Registration District No. **4220**

Registrar's No. \_\_\_\_\_

5005  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH**  
 (a) County Howard  
 (b) City or town Amurston, Mo  
(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 35 yrs  
years, months or days

**3. (a) PRINT FULL NAME** LOUELLA S. HUME  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Female **5. Color or race** WHITE **6. (a) Single, widowed, married, divorced** Widowed  
**6. (b) Name of husband or wife** J. Otis Hume **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** Sept 26 1858  
(Month) (Day) (Year)

**8. AGE:** Years 82s Months 5 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Howard Co Mo 0  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Home wife

**11. Industry or business** \_\_\_\_\_  
**12. Name** Samuel W. Swassy  
**13. Birthplace** Howard Co Mo 0  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Anna Marie Henry  
**15. Birthplace** Howard Co Mo 0  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Geo. B. Swoldy  
**(b) Address** Amurston Mo  
**17. (a) (b) Date thereof** 3-6-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Amurston Mo

**18. (a) Signature of funeral director** A. H. Baker  
**(b) Address** Amurston Mo 6331  
**19. (a) 3-5-41 (b) W. M. Swanson**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:** **45**  
 (a) State Missouri (b) County Howard  
 (c) City or town Amurston Mo 0  
(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.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month March Day 4th  
 year 1941 hour 3:15 minute 7 M.

**21. I hereby certify that I attended the deceased from** April 3rd 1941 to March 4 1941  
 that I last saw her alive on March 4 1941  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Cardiac Decomposition 24 hrs  
**Due to** Chronic Myocarditis  
**Due to** arteriosclerosis  
hypertension  
**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_  
 Of operations 93H  
 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? \_\_\_\_\_

**23. Signature** W. M. Swanson **(M. D. or other)** Phys.  
 Address Amurston Mo Date signed 3/4/41  
(Specify type of place) (e) Means of injury

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

RECEIVED  
District Health Officer No. 8.  
District File Number 17-3-41  
Date Filed

**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

A. H. Oldaker

Registered Apprentice No. ~~1667~~

working under my personal supervision.

Signed

A. H. Oldaker

Licensed Embalmer No.

1667

P. O. Address

Cosmopolitan

**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, fact should be so stated above.**