

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 132

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
704 E. Normal
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 704 E. Normal
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harriet Ryrie Swain

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

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

6. (b) Name of husband or wife Edward Everett Swain 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 19, 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Alton / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Domestic

12. Name John A. Ryrie
13. Birthplace DK / Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Staunton
15. Birthplace DK / Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant E. E. Swain
(b) Address Kirksville, Missouri

17. (a) Burial (b) Date thereof 5-4-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville, Missouri

19. (a) May 3/41 (b) Spencer L. Freeman
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2d
year 1941 hour _____ minute 7:55 a.m.

21. I hereby certify that I attended the deceased from Sept.
1940 to May 2, 1941
that I last saw her alive on May 1st
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Esophagus (Colon) Duration 3 yrs.

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 8 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?

3 While at work? (Specify type of place) _____
(e) Means of injury _____
23. Signature Spencer L. Freeman (M.D. or other) _____
Address Kirksville, Mo. Date signed 5/8/41

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

RECEIVED

District Health Officer No. 10

District File Number 5-41-899

Date Filed MAY 14 1941

JUL 21 1954

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 Carroll A. Negus

Licensed Embalmer No. 4076

P. O. Address Berkswell, Ala.

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.