

FILED MAY 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15126

State File No.

Registration District No. 533

Primary Registration District No. 5714

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Rural East of Macon
(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 all his life years, months or days

8. (a) PRINT FULL NAME Joe Swallow

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Opel Swallow 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Oct. 6 1911 (Month) (Day) (Year)

8. AGE: Years 29 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Macon Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name James L. Swallow

13. Birthplace Russell Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Leona Montague

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

16. (a) Informant John Swallow

(b) Address Macon Mo. R 4

17. (a) Burial (b) Date thereof 4-21-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Powell Cem.

18. (a) Signature of funeral director Stephen Gooding

(b) Address Macon Mo

19. (a) 5/5/41 (b) Seaton Venturi (Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon

(c) City or town Rural (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 April day 19 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound thru heart, self-inflicted Duration _____

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) suicide

(b) Date of occurrence April 19th, 1941

(c) Where did injury occur? Macon Macon, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place? On front porch of home on farm (Specify type of place)

While at work? _____ (e) Means of injury gun

23. Signature Dr. Edwards Coroner (M. D. or other)

Address Bevier, Mo. Date signed 4-20 1941

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number

5-41-884

Date Filed

MAY - 8 1941

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

C. H. Stephens

Licensed Embalmer No.

3057

P. O. Address

Macon, 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.