

2-3-40
7-39
X23159

Registration District No. **582**

Primary Registration District No. **5779**

1. PLACE OF DEATH:

(a) County **Monroe**

(b) City or town **Paris, Oral Jackson**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
County Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **over 2 year**
(Specify whether)

In this community **over 2 year**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monroe**

(c) City or town **Madison**
(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.

3. (a) PRINT FULL NAME **Georgia Ann Swindell**

3. (b) If veteran, name war **XX**

3. (c) Social Security No. **XX**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **30**
year **1941** hour **7** minute **30** p. M.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Joe Swindell**

6. (c) Age of husband or wife if alive **deceased**

7. Birth date of deceased: **April 5 1861**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 24**, 19**41**, to **April 30, 1941**, that I last saw him alive on **April 30, 1941**, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	80	XX	15	hr. _____ min. _____

Immediate cause of death **stroke embolism**

Due to **arter. Sclerosis**

9. Birthplace **Monroe County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business **none**

Duration **2 1/2**

Other conditions **§ 2 B**
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name **Caleb De Matris Embree**

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

14. Maiden name **Artemesia Bune**

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

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Dr. J. A. Burnett, M.D.**

(b) Address **4060 McGee Kansas City, Mo**
burial

17. (a) _____ (b) Date thereof **5 2 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

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? _____

18. (a) Signature of funeral director **Fred A. Thompson**

(b) Address **Madison, Mo**

19. (a) **MAY 2 1941** (b) **J. A. Burnett, M.D.**
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work _____ (e) Means of injury _____

23. Signature **George M. Ruppel** (M. D. or other) _____
Address **Paris, Mo** Date signed **4/30/41**

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

RECEIVED

District Health Officer No. 10

District File Number _____

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Mrs. Fred A. Thompson

Licensed Embalmer No. _____

3282

P. O. Address _____

Academy St.

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.