No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18408

Registration District No. 552 Primary Registration District No. 5745 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Marion
(b) ~~City or town~~ Rural. Warren Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe City Route 4 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 75 yrs. 6. mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Rural.
(If outside city or town limits, write "RURAL")
(d) Street No. Monroe City Mo. R. 4.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME BENJAMIN B. SWIGERT.
3. (b) If veteran, name war MONE
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Sarah E.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased November (Month) 27 (Day) 1865 (Year)

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

9. Birthplace Marion County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer.
11. Industry or business
MOTHER FATHER
12. Name Jacob. Swigert
13. Birthplace Unk. (City, town, or county) Pennsylvania (State or foreign country)
14. Maiden name Barbara Kiter
15. Birthplace (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant Lula Masterson.
(b) Address Monroe City, Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof May 29-41 (Month) (Day) (Year)
(c) Place: burial or cremation Warren Cemetery, Marion Co
18. (a) Signature of funeral director Wilson & Son
(b) Address Monroe City, Mo
19. (a) May 29, 1941 (Date received local registrar) (b) Mrs Alta M. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1941 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from 8/24, 1940, to 5/27, 1941; that I last saw him alive on 5/24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Nephritis	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 121	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature F. N. Simmons (M. D. or other) D.O.
Address Monroe City, Mo. Date signed 5/29/41

(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~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Leslie L Wilson

Licensed Embalmer No. 3014

P. O. Address Maryville City Mo

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

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