

FILED JUL 19 1941

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Keokuk
(c) Name of hospital or institution: Langlin Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME

Marcelle Harlow Swoat

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alvin Swoat

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased May 14 1907
(Month) (Day) (Year)

8. AGE:

Years 34 Months 7 Days 25 If less than one day hr. min.

9. Birthplace

Bethel Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

None

12. Name

Lacey J Swoat

13. Birthplace

Fabryra Mo
(City, town, or county) (State or foreign country)

14. Maiden name

Lois Marie High

15. Birthplace

Bethel Mo
(City, town, or county) (State or foreign country)

16. (a) Informant

Lacey J Swoat

(b) Address

Keokuk, Mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

July 7 1941
(Month) (Day) (Year)

(c) Place: burial or cremation

Abongva Cemetery, Keokuk, Mo

18. (a) Signature of funeral director

W. H. Melton

(b) Address

Keokuk, Mo

19. (a) July 5 '41

(Date received by registrar)

(b) Spencer L. Meeman

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Keokuk
(c) City or town Keokuk
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1941 hour 6 minute 46 P.M.

21. I hereby certify that I attended the deceased from July 2 1941 to July 5 1941;
that I last saw him alive on July 5 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Intestinal Obstruction

Duration

6-30-4

Due to

Voluntarily of small intestine

Probably caused by

adhesions from previous appendectomy

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations quiescent small bowel - intestinal resection & anastomosis
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? _____

23. Signature

Carl Laughlin (M. D. or other) Do.

Address Keokuk, Mo Date signed 7-5-41

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

OCT 31 1941

RECEIVED

District Health Officer No. 10

District File Number 7-41-1383

Date Filed JUL 16 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 Henry A. Bartelme

Licensed Embalmer No. 3835

P. O. Address Shelburne, 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, fact should be so stated above.