

S. No. 2
-11-10-39
5-17-39
I X21402

Dr Chapman

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29037

Registration District No. 656

Primary Registration District No. 6281

Registrar's No.

78
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Holland, Rural Holland 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. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Holland. (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.?

3. (a) PRINT FULL NAME Larry Boyd Swafford
(b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 21
year 1941 hour 11 minute 45 P.M.

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

21. I hereby certify that I attended the deceased from 8-21-41
1941 to 8-21-41, 1941
that I last saw him alive on 8-21-41
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased Nov 26 1940
(Month) (Day) (Year)

Immediate cause of death
Stomach poisoning followed by terminal pneumonia
Due to

8. AGE: Years Months Days If less than one day
8 25 hr. min.

Due to
Other conditions (Include pregnancy within 3 months of death)

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

Major findings:
Of operations
Of autopsy

10. Usual occupation None
11. Industry or business None

MOTHER FATHER
{ 12. Name Newell Swafford
{ 13. Birthplace Lexington, Tenn.
{ 14. Maiden name Stella Sheppard
{ 15. Birthplace Savannah, Tenn.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Stella Swafford
(b) Address Steele, Mo. R.F.D. 2
17. (a) Burial (b) Date thereof 8/23.41.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion Cemetery.

23. Signature J. Chapman (M. D. or other)
Address Steele 740 Date signed 8/27/41

18. (a) Signature of funeral director J. L. German
(b) Address Steele, Mo.
19. (a) 9-14-1941 (b) Tom Bignone
(Date received local registrar) (Registrar's Signature)

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 William C Shelton

Licensed Embalmer No. 3929

P. O. Address State, 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.