

FILLED OCT 27 1941
Registration District No. _____

Primary Registration District No. 4055

003
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Braymer
(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 her life
years, months or days

3. (a) PRINT FULL NAME Hattie A. Swindler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John C. Swindler

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

7. Birth date of deceased Feb. -12th., -1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Geneseo, Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business Keeping House

12. Name Josiah M. Loomis

13. Birthplace Skowhegan, Maine
(City, town, or county) (State or foreign country)

14. Maiden name Adelaide Humphrey

15. Birthplace Champaign, N. Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Etta Bruce

(b) Address State - Mo.

17. (a) Burial (b) Date thereof Sept. -9-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address _____

19. (a) Sept. 9-41 (b) H. H. Patterson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Braymer
(If outside city or town limits, write "RURAL")

(d) Street No. North Eight
(If rural, give location)

(e) If foreign born, how long in U. S. A. Her entire life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day Sept
year 1941 hour 1 minute 0 A. M.

21. I hereby certify that I attended the deceased from Jan 3, 1941 to Sept. 7, 1941
that I last saw her alive on about Sept. 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage, brain left side, found in bed dead, not suicide nor
Due to suicidal

Due to hardening of vessels

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations [Signature]
Of autopsy _____

Duration _____
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) not
(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 _____

23. Signature Henry H. Patterson (M. D. or other) [Signature]
Address Braymer Mo Date signed Sept. 9-1941

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

T. F. McBeek

Licensed Embalmer No. 1570

P. O. Address Breckenridge, 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.