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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 27 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35648

Registration District No. 623 Primary Registration District No. 3031 Registrar's No. 123

1. PLACE OF DEATH:
(a) County Nodaway Maryville
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 119 W. Cooper St.
(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 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 119 West Cooper St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME ANNA BELLE SWEARINGEN.
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jesse Swearingen
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Aug. 8. 1866 (Month) (Day) (Year)
8. AGE: Years 75 Months 1 Days 18 If less than one day hr. min.
9. Birthplace Pickering (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name John Elston
13. Birthplace (City, town, or county) N.J. (State or foreign country)
MOTHER
14. Maiden name Eliza Ann Campbell
15. Birthplace Camp Point (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Earl Swearingen
(b) Address Maryville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 29. 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery
18. (a) Signature of funeral director Pixie Funeral Home
(b) Address Maryville Mo
19. (a) Sept 29-41 (Date received local registrar) (b) Maurice E. Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26. year 1941 hour 10 minute 15 P. M.
21. I hereby certify that I attended the deceased from Sept 15 1941, to Sept 26 1941; that I last saw h[illegible] alive on Sept 26 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebrovascular Chronic	
Due to	
Due to	
Other conditions Rheumatism (Include pregnancy within 3 months of death)	

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 K. L. Gum (M.D. or other)
Address Maryville Mo Date signed Sept 29-41

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

(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 John W. Price

Licensed Embalmer No. 3229.

P. O. Address Maryville 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.