

JAN 10 1942

Registration District No. 416

Primary Registration District No. 4248

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Sarcoxia - Mo. 71103  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community 72 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Sarcoxia 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Harriet Alice Swindle

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 married

6. (b) Name of husband or wife Hy. F. SWINDLE 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased October 20 1856  
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Kinmundy Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Marshall French

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

14. Maiden name Harriet Williams

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant H. F. Swindle

(b) Address Sarcoxia, Missouri

17. (a) Burial (b) Date thereof 12/21/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harvey Cemetery

18. (a) Signature of funeral director Roland C. Engelage

(b) Address Sarcoxia, Missouri

19. (a) Dec 20 1941 (b) Mrs. Emma Broadway  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20  
year 1941 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from Dec 14, 1941, to Dec 20, 1941;  
that I last saw her alive on Dec 19, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic Stroke 6 days  
Duration

Due to.....  
Due to.....

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

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
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?

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

23. Signature [Signature] (M. D. or other) 0  
Address Sarcoxia, Mo Date signed 12-20-41

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

MOTHER FATHER

748

54.2  
18-6  
X-11-P

STATE BOARD OF HEALTH  
DIVISION OF HEALTH SERVICES  
1000 UNIVERSITY AVENUE  
ANN ARBOR, MICHIGAN 48106

**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 George A. Orv  
Licensed Embalmer No. 946  
P. O. Address 714 Yermont, 71116

**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.**

5. No. 2B  
11-8-21-41  
X29288

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **90231**

Registration District No. **416**

Primary Registration District No. **4248**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH**

(a) County Jasper

(b) City or town Barcoke  
(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 \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harriet A. Swindle

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
that I have seen him/her live on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 20 1856  
(Month) (Day) (Year)

Duration \_\_\_\_\_

Due to  cerebral hemorrhage. stroke

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

8. AGE: Years 85 Months 2 Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ min.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry of business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_  
(City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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

23. Signature [Signature] (M. Doer other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

**SUPPLEMENTARY**

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

MOTHER FATHER

0011-1-54

