

No. 2  
4-12-40  
5-17-39  
P1 X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7980

FILED MAR 16 1942  
Registration District No. 805

Primary Registration District No. 4482

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

1. PLACE OF DEATH:  
(a) County Schuyler  
(b) City or town Glenwood, Tenn  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 years years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Schuyler  
(c) City or town Glenwood (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.? 0 years.

3. (a) PRINT FULL NAME Clytie Mae Swearingen  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 16 year 1942 hour 6 minute 2 M.  
21. I hereby certify that I attended the deceased from Feb 11, 1942 to Feb 16, 1942 that I last saw her alive on Feb 11, 1942 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Alfred Swearingen 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased Jan 9 1882 (Month) (Day) (Year)

Immediate cause of death Angina Pectoris  
Duration \_\_\_\_\_

8. AGE: Years 60 Months 1 Days 7 If less than one day hr. \_\_\_\_\_ min.

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

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

Other conditions (include pregnancy within 3 months of death) 948

10. Usual occupation housewife

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Joseph Painter  
13. Birthplace Illinois (City, town, or county) (State or foreign country)  
14. Maiden name Marcinda Sental  
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Alfred Swearingen  
(b) Address Glenwood Mo

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18 1942 (Month) (Day) (Year)  
(c) Place: burial or cremation Glenwood Cemetery

(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? \_\_\_\_\_

18. (a) Signature of funeral director Morehead's  
(b) Address Lancaster Mo

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

19. (a) 2-19 (Date received local registrar) (b) Byrdie H. Drake, deputy (Registrar's signature)

23. Signature W. R. Johnson (M. D. or other) \_\_\_\_\_  
Address Glenwood Mo Date signed 2-17-42

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

719

RECEIVED

District Health Officer No. 10

District File Number 10-42-411

Date Filed MAR 1 1942

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.....

*True - Missie Morehead*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Morehead's*

Licensed Embalmer No. *3731-3680*

P. O. Address *Lancaster 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.