S. No. 2
1—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11596

State File No.

FILED APR 13 1942

Registration District No. 668

Primary Registration District No. 5889

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 1-South /65 "Hiway" "Hi-Point"
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

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

(d) Street No. Route 1, (South 65 "hiway" at "Hi-Point". (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph L. Switzer

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Stella Switzer

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 27, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	7	25	hr. min.

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

10. Usual occupation Operator of filling station

11. Industry or business

FATHER
12. Name Melvin Switzer
13. Birthplace unknown, Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah DeLong
15. Birthplace Polk County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stella Switzer (wife)

(b) Address Route 1, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Duane Ewing

(b) Address Sedalia, Missouri

19. (a) March 24, 1942 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1942 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from 8-15, 1939 to 3-22, 1942
that I last saw him alive on 3-22, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute congestive heart failure	30 min.
Due to: Chronic myocarditis	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d

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 J. M. Rodeman (M.D. [redacted])

Address Sedalia, Mo. Date signed 3-24-42

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-10-42

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address 10 Sedalia, [illegible]

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.