S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12215

Registration District No. 8

Primary Registration District No. 4503 4500

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Clarence 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Victoria J. Swinney

3. (b) If veteran, name war no

3. (c) Social Security No. yes

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Alonzo Swinney

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

7. Birth date of deceased March (Month) 4 (Day) 1858 (Year)

8. AGE: Years 83 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Monroe Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Jacob Snidow 1
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country) 9

16. (a) Informant Everett Swinney
(b) Address Ada Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Wood

18. (a) Signature of funeral director Million + Barkelew
(b) Address Clarence Mo

19. (a) Mar. 6, 1942 (Date received local registrar) (b) Nadja Gooch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1942 hour 10 minute a. M.

21. I hereby certify that I attended the deceased from Feb. 11, 1942 to Feb. 18, 1942
that I last saw her alive on Feb. 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Femur

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death) 186a

Major findings:
Of operations 18

Of autopsy no

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) Accident

(b) Date of occurrence Feb. 11, 1942 102

(c) Where did injury occur? At home Clarence Shelby Mo
(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 Fall 0

23. Signature Frank R Roy (M. D. or other)

Address Clarence Date signed 2/21/42

1093 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-42-875
Date Filed APR 24 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Henry G. Burkeleed

Licensed Embalmer No. 3835

P. O. Address Shelbina, 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.