

FILED MAY 8 1942

Registration District No. **26**

Primary Registration District No. **5034**

1. PLACE OF DEATH:

(a) County **Audrain**
(b) City or town **Rual, Saltriver Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. #4, Mexico, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **68 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain**
(c) City or town **Rual**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. #4, Mexico, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

3. (a) PRINT FULL NAME **Joshua Thomas Swift**

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 **Widowed**

6. (b) Name of husband or wife **Elizabeth Swift** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **August 2, 1852**
(Month) (Day) (Year)

8. AGE: Years **89** Months **8** Days **12** If less than one day **hr. min.**

9. Birthplace **Callaway County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Henry Swift**
13. Birthplace **Millersberg, Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Cynthia Shelby**
15. Birthplace **Millersberg, Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clarence Swift**
(b) Address **Mexico, Missouri**

17. (a) **Burial** (b) Date thereof **April 16, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Elmwood, Mexico, Mo.**

18. (a) Signature of funeral director **Tal? ...**
(b) Address **Mexico, Mo.**

19. (a) **April 16, 1942** (b) **Margaret H. Machie**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **14**
year **42** hour **11-15** minute **00** M.

21. I hereby certify that I attended the deceased from **Jan 17**, 19**42**, to **4-14**, 19**42**
that I last saw him alive on **Jan 21**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **arterio sclerosis**

Due to **Death - gangrene of left foot** **6-month**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **61**
Of autopsy

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)
(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 **Paul E. Corf** (M. D. or other)
Address **Mexico, Mo.** Date signed **4-14-42**

1074

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

400

5417 11/1/42

71
26
21-11
48
31
24

RECEIVED

District Health Officer No. 10

District File Number 5-42-914

Date Filed MAY 7 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.....

Earl E. Precht

Registered Apprentice No.

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.