

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17773

State File No. _____

Registration District No. 204

Primary Registration District No. 2013

Registrar's No. 30

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

1. PLACE OF DEATH: Clinton

(a) County Clinton

(b) City or town Cameron
(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: 23

(a) State Mo. (b) County Clinton

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

(d) Street No. West 3rd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no 0 years.

3. (a) PRINT FULL NAME Mrs Lena Leanna Swiger

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1942 hour 6 minute 15 P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife A. E. Swiger 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: Sept. 30, 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1941 to May 28 1942

that I last saw her alive on May 25 1942 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>60</u>	<u>7</u>	<u>29</u>	hr. min.
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Immediate cause of death Carcinoma Liver - metastatic 14 years Duration

9. Birthplace Farraget Iowa
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John H. Althouse

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

14. Maiden name Mary E. Hartnett

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

Major findings: Carcinoma Liver
Mar - 1941

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant A. E. Swiger

(b) Address Cameron, 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 (b) Date there May 31-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cem.

(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 [Signature]
(b) Address Cameron, Mo.

While at work? _____ (Specify type of place)

(c) Means of injury _____

19. (a) May 30, 1942 (b) Mrs. Kathleen Harris
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____

Address Cameron, Mo. Date signed May 29 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.....

Licensed Embalmer No. *1180*

P. O. Address *Cameron, Pa.*

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.