U. S. No. 2
M—1-4-41
ev. 5-17-39
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

18300

State File No.

FILED JUN 13 1942

Registration District No. 318 4448

Primary Registration District No. 5611

Registrar's No.

1. PLACE OF DEATH:
(a) County LACLEDE (SMITH)
(b) City or town RURAL MARSHFIELD TWP (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: U S HIGHWAY 66 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community PASSING THROUGH

2. USUAL RESIDENCE OF DECEASED:
(a) State SOUTH DAKOTA (b) County BUTTE 999 20
(c) City or town BELLE FOURCHE 8 (If outside city or town limits, write "RURAL")
(d) Street No. 816 FIFTH ST - SOUTH. (If rural, give location) 2
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HOPE MAGGABY SWAIN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife A.R. SWAIN
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased MARCH (Month) 19TH (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
50	2 MO	6	hr. min.

9. Birthplace MONROE - SEVIER CO - UTAH. 1 (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE.
11. Industry or business HOME

MOTHER FATHER
12. Name ORSON MAGLEBY
13. Birthplace U.S.A / 1 (City, town, or county) (State or foreign country)
14. Maiden name NOT AVAILABLE.
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant SON - R.J. SWAIN.
(b) Address FT. LEONARD WOOD MISSOURI
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 5 26 42 (Month) (Day) (Year)
(c) Place: burial or cremation SALT LAKE CITY UTAH
18. (a) Signature of funeral director HERMAN LOHMEYER
(b) Address SPRINGFIELD MO
19. (a) May 27-42 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25 year 1942 hour 8 minute 40 P M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death FRACTURED SCULL
Due to AUTO WRECK
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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) ACCIDENT 053
(b) Date of occurrence MAY 25 1942
(c) Where did injury occur? LACLEDE MO (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ON U.S. HIGHWAY 66. (Specify type of place)
While at work? NO (e) Means of injury
23. Signature James D Blanton Coroner (M.D. or other)
Address Lebanon MO Date signed 5-27-42

1090 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

~~District Health Officer~~ No. .....

~~District~~ File Number 6-42-87

Date Filed 6-10-42

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 Allyn Deltrage, Registered Apprentice No. 294, working under my personal supervision.

Signed D O Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon Ore

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.