

FILED JUL 15 1942
Registration District No. 353

Primary Registration District No. 4325

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

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Mercer

(c) Name of hospital or institution: 7
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 years, months or days (Specify whether)

In this community Seventy years, months or days

3. (a) PRINT FULL NAME Mary C. Cox

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white

6. (b) Name of husband or wife 1 5. (a) Single, widowed, married, divorced, widow

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

7. Birth date of deceased: June 9 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 16 If less than one day hr. min.

9. Birthplace Kingstown Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name George Swingle

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

14. Maiden name Swainwright

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

16. (a) Informant William Early

(b) Address Mercer Mo

17. (a) Burial (b) Date thereof June 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middlepoint

18. (a) Signature of funeral director Ned Moss

(b) Address Princeton Mo

19. (a) June 29, 1942 (b) Jessie Alley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer

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

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

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1942 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 25 1942 to June 25 1942
that I last saw her alive on June 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis 2013 yrs
Chronic nephritis 2013 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: FBIB

Of operations

Of autopsy no

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) 0
(Specify means of injury)

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

Address Mercer Mo Date signed 6-27-42

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Hall Sporn

Licensed Embalmer No. 2634

P. O. Address Sumner M-

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.