. S. No. 2
M—9-4-41
v. 5-17-39
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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

22507

FILED JUL 16 1942

Registration District No. 880 Primary Registration District No. 6168 State File No. Registrar's No. 9

**1. PLACE OF DEATH:**

(a) County Vernon
(b) City or town Walker Twp Twp
(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:**

(a) State MISSOURI (b) County ~~Vern~~ CEDAR
(c) City or town El Dorado Springs. 20
(If outside city or town limits, write "RURAL")
(d) Street No. 909 S Main St 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME HENRY W SCHWALM

3. (b) If veteran, name war —
3. (c) Social Security No. none

4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Sarah Schwalm
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Nov (Month) 6 (Day) 1864 (Year)

8. AGE: Years 77 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Iowa 1 (City, town, or county) (State or foreign country)
10. Usual occupation Telephone (Retired
11. Industry or business
FATHER
12. Name Henry Schwalm
13. Birthplace Ger 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Ger 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Sarah Schwalm
(b) Address 909 S Main El Dorado Spg. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation El Dorado Cemetery
18. (a) Signature of funeral director Georgia Siders
(b) Address El Dorado Springs Mo
19. (a) 6-15-42 (Date received local registrar) (b) Lindley Stinson (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 10 year 1942 hour 7 minute 5 P M.

21. I hereby certify that I attended the deceased from May 22, 1942, 19 to June 10, 1942 that I last saw him alive on June 8, 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral hemorrhage (Third attack) | 4 days |
| Due to Arteriosclerosis | |
| Due to | |
| Other conditions Acute uremia (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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E R King (M. D. ~~or other~~)
Address Nevada, Mo Date signed 6-11-42

1232 (Licensed Embalmer's Statement on Reverse Side)

DEC 10 1949

RECEIVED
District Health Officer No. 7,
District File Number 7-42-796
Date Filed 7-14-42

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed .....

Licensed Embalmer No. 2034

P. O. Address Eldorado Springs 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.**