

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25188
Registrar's No. 113

Registration District No. 025

Primary Registration District No. 3-3-1

74
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2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Mansfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 11 days years, months or days)

3. (a) PRINT FULL NAME DAVID ALLEN SWANLAN
3. (b) If veteran, name war
3. (c) Social Security No. 502-01-5251

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive, years

7. Birth date of deceased June 19 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 1 5 hr. min.

9. Birthplace Milton NDakota
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Garage

12. Name William Swanlan

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

14. Maiden name Letitia Cameron

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

16. (a) Informant Mrs. J. C. Bayha

(b) Address Fairfax, Mo.

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

(c) Place: burial or cremation 1003 at Milton N. Dak.

18. (a) Signature of funeral director Charles J. Jurek
(b) Address Fairfax, Mo.

19. (a) July 24 1942 (b) Mary Cole
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State North Dak. (b) County Cavalier
(c) City or town Milton (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 24
year 1942 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7/10
1942 to 7/24 1942

that I last saw him alive on 7/24 and that death occurred on the date and hour stated above.

Immediate cause of death
Chr Endocarditis
Chr Myocarditis
Due to Chr Myocarditis

Due to 1318
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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 D. H. Byland (M. D. or other)
Address Marysville Mo Date signed 7/24/42

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

1268

(Licensed Embalmer's Statement on Reverse Side)

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..... *Martin H. Wheeler*

Licensed Embalmer No. *4162*

P. O. Address *Fairfax, 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.