

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 98

FILED SEP 11 1942

Primary Registration District No. 5358

Registrar's No. 3

31  
0  
0

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

1. PLACE OF DEATH:

(a) County Daviess  
(b) City or town Blackton Coffey Township Rural  
(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 37 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess  
(c) City or town Kidder Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME

Lewis Boone Swearing

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 6 year 42 hour 2 minute 70 M.

21. I hereby certify that I attended the deceased from July 20, 1942, to Aug 6, 1942;

that I last saw h. p. alive on Aug 5, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Glomerular Nephritis 3 yrs.  
Duration

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Frances Swearing 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 14 1875 (Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Geny Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Geo H Swearing

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

14. Maiden name Elizabeth Bacon

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

16. (a) Informant D. E. Swearing

(b) Address Carroll, Iowa

17. (b) Date thereof Aug 8-42 (Month) (Day) (Year)

(c) Place: burial or cremation Kidder

18. (a) Signature of funeral director Miss Kate Shoff

(b) Address Winston Mo

19. (a) 8-7-1942 (Date received local registrar) (b) D. O. Richman (Registrar's signature)

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Herbert P. Booth (M. D. or other) MD

Address Hamilton Mo Date signed 8/7/42

**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. 1180

P. O. Address Cameron, N.C.

**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.**