

FILED NOV 5 1942

Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 80

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

1. PLACE OF DEATH:

(a) County NEW MADRID

(b) City or town NEW MADRID  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community About 18 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEW MADRID

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

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

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

3. (a) PRINT FULL NAME ELZA SWAIN

3. (b) If veteran, name war: No

3. (c) Social Security No. 498-05-0225

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Ethel Swain

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased OCT 21 - 1893  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>11</u>	<u>15</u>	hr. min.

9. Birthplace Marion Ky. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER { 12. Name JOHN SWAIN

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

14. Maiden name Rebecca Barber

15. Birthplace Unk. Penn 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Swain

(b) Address New Madrid, Mo.

17. (a) Burial (b) Date thereof OCT 28 - 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reppen

18. (a) Signature of funeral director Roberts and Co

(b) Address New Madrid, Mo.

19. (a) 10/7/42 (b) Alice Spitzer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 6  
year 1942 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from September 28  
1942 to October 6 1942  
that I last saw him alive on October 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Fractured skull

Duration 9 days

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 1860

Major findings: Of operations 3/11

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 - fractured skull

(b) Date of occurrence Sept. 28, 1942

(c) Where did injury occur? New Madrid New Madrid Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial

While at work? Yes (Specify type of place) (e) Means of injury Fall

23. Signature B. J. Allenstein MD (M. D. or other)

Address New Madrid, Mo. Date signed 10/6/42

RECEIVED

District Health Office No. 2,

District File Number 1142-1364

Date Filed 11-3-42

DEC 1 1942

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.....

*Leo Hegyepeth*

Licensed Embalmer No.....

*3803*

P. O. Address.....

*New Madrid, 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.