

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37699

State File No.

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 179

1. PLACE OF DEATH:

(a) County Madawaski

(b) City or town Marysville

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether in this community years, months or days) About all of his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madawaski

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

(d) Street No. 2 1/2 N. 7th Rural
(If rural, give location)

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

3. (a) PRINT FULL NAME Claude Arlington Swell

3. (b) If veteran, name war 0

3. (c) Social Security No. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28 year 1942 hour 2 minute 10 AM

21. I hereby certify that I attended the deceased from 11/10 1942 to 11/28 1942
that I last saw him alive on 11/27 1942
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife 1. Martha Pope Swell 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Nov 11 1899
(Month) (Day) (Year)

Immediate cause of death: Myocarditis 36 hrs
Ch. Myocarditis 3
Ch. Endocarditis 3
Ch. Nephritis 3

8. AGE: Years 63 Months 0 Days 17 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death) 131 h

Major findings: Of operations 131 h

Of autopsy 131 h

PHYSICIAN 131 h
Underline the cause to which death should be charged statistically.

9. Birthplace Graham Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name William Swell

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

14. Maiden name Maudie Wagner

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

16. (a) Informant Lillie Bates Swell

(b) Address Graham Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-42
(Month) (Day) (Year)

(c) Place: burial or cremation Graham Mo.

18. (a) Signature of funeral director Camptell Funeral Home

(b) Address Marysville Missouri

19. (a) 12-1-42 (Date received local registrar) (b) Mary Coile (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? (City or town) (County) (State) 0

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) (e) Means of injury 0

23. Signature B. J. Dyland (M. D. or other) 0
Address Marysville Mo Date signed 12/1/42

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

74
1
2

74
0

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..... *W. Shean Campbell*

Licensed Embalmer No..... *2620*

P. O. Address..... *Manville 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.