

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 11 1942

Registration District No.

Primary Registration District No. 2000

Registrar's No. 885

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)
In this community 1 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Aldrich
(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 1

3. (a) PRINT FULL NAME

Mrs. Ruth Swigert

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lewis Swigert
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Unknown (Month) (Day) (Year) 1910

8. AGE: Years 32 Months Days If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Charles H. Kent
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Beaty
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Swigert
(b) Address Bolivar, Missouri

17. (a) Burial (b) Date thereof Dec. 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bolivar, Mo.

18. (a) Signature of funeral director Hutchison Funeral Home
(b) Address Bolivar, Mo.

19. (a) 12-12-42 (b) W. S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1942 hour 7 minute 45 p.m.

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

Immediate cause of death Consciousness and respiratory failure
Due to cause unknown
Due to 85
Other conditions 85
(Include pregnancy within 3 months of death)

Major findings: Autopsy respiratory failure
85
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) (e) Means of injury

23. Signature W. S. Handley (M. D. or other)
Address Springfield, Mo. Date signed 12/11/42

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

29
629

948

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.....

P. O. Address.....

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.

X