

MOEN JAN - 5, 1942

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town Bethany  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bethany Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or \_\_\_\_\_

3. (a) PRINT FULL NAME Dr. Carl Swackhamer

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

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 Dec 4 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. 10 min. \_\_\_\_\_

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

10. Usual occupation at home

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

12. Name O.C. Swackhamer

13. Birthplace Henry Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Herhoff

15. Birthplace Pettis Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature O.C. Swackhamer

(b) Address Bethany Mo

17. (a) Burial (b) Date thereof Dec 5 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pythian Cemetery

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany Mo

19. (a) 12/12/42 (b) Joe M. Bevers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison  
(c) City or town Bethany  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4  
year 1942 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Dec 4, 1942, to Dec 4, 1942

that I last saw him alive on Dec 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Fetal Atelectasis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 10/10  
(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 R.P. Liddell (M. D. or other) \_\_\_\_\_  
Address Bethany, Mo Date signed 12-8-42

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

*1 not*

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..... *Joe E. Wheeler*

Licensed Embalmer No. *3512*

P. O. Address *Anthony Dr*

**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, above space should be left blank.**

## STANDARD CERTIFICATE OF DEATH

State File No. 40870Registration District No. 133Primary Registration District No. 3022Registrar's No. 96

## 1. PLACE OF DEATH:

- (a) County Darwin  
 (b) City or town Bethany  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Bethany Hosp.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_  
years, months

3. (a) PRINT FULL NAME John Carl Swackhamer

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 4, 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min

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

10. Usual occupation \_\_\_\_\_

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

12. Name D.C. Swackhamer13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)14. Maiden name Lorence Seiff15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_  
(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 Dec year 1942 minute 40 A.M.21. I hereby certify that I attended the deceased from Dec 4, 1942  
5:30 A.M. and that death occurred on the date and hour stated above.  
(Immediate cause of death)Due to Not a stillbirth  
Baby lived 10 minutes  
 Duration 10 minOther 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 [Signature] (M. D. or \_\_\_\_\_)Address Bethany, Mo. Date signed 1-23-42

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

SUPPLEMENTAL

MOTHER FATHER

