

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 30 1943

Registration District No. 378

Primary Registration District No. 2000

Registrar's No. 14

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: Springfield Baptist 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 days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar

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

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

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

3. (a) PRINT FULL NAME Glen Howard Swager

MEDICAL CERTIFICATION

3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month Jan day 6
year 1943 hour 3 minute 30 A.M.

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

21. I hereby certify that I attended the deceased from January 4th to January 6, 1943, that I last saw him alive on January 6, 1943, and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife XXXX 6. (c) Age of husband or wife if alive XX years

Immediate cause of death: Surgical shock

7. Birth date of deceased Sept. 26, 1942
(Month) (Day) (Year)

Due to Incarcerated inguinal hernia congenital type

8. AGE: Years 1 XXXX Months 3 Days 10 If less than one day XXXX-XXXX min.

Due to Prematurity and marasmus

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

Other conditions: 157g
(Include pregnancy within 3 months of death)

10. Usual occupation Inf.

Major findings: Large congenital inguinal hernia with incarceration
Of operations _____
Of autopsy _____

11. Industry or business XX

12. Name Howard Swager
13. Birthplace Cherryville, Kansas
(City or town) (State or foreign country)

14. Maiden name Zula Hornbeck
15. Birthplace Stockton, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Swager
(b) Address Stockton, Missouri

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 1-7-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stockton Cemetary

(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? _____

18. (a) Signature of funeral director W. C. Davis & Company
(b) Address Stockton, Missouri

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

19. (a) 1-7-43 (b) R. W. Standley
(Date received local registrar) (Registrar's signature)

23. Signature Robert Blynn (M. D. or other) MD
Address Springfield Date signed 1/6/43

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(Licensed Embalmer's Statement on Reverse Side)

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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.

Not Embalmed

Signed *Melvin Querk*

Licensed Embalmer No. *3272*

P. O. Address *Stockton*

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.