

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3068**
Registrar's No. **3**

Registration District No. **273**

Primary Registration District No. **5913**

1. PLACE OF DEATH:

(a) County **Perry**
(b) City or town **Menfro Mo. Anna B. ...**
(c) Name of hospital or institution: **133**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community **About 88 years**
years, months or days)

3. (a) PRINT
FULL NAME

Schrilda Swan

3. (b) If veteran,
name war

3. (c) Social Security
None

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **George R. Swan** 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **Dont Know**
(Month) (Day) (Year)

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

9. Birthplace **Perry Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

12. Name **Dont Know**

13. Birthplace **Perry Co. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Wadsworth**

15. Birthplace **Perry Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sherman S. Swan**
(b) Address **Menfro Mo.**

17. (a) **Burial** (b) Date thereof **1-9 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crosstown, Mo.**

18. (a) Signature of funeral director **Young, Lane**

(b) Address **Perryville Mo.**

19. (a) **1-9-43** (b) **Thos. G. Elly**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry**
(c) City or town **Menfro Mo.**
(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 **January** day **6**
year **1943** hour **11** minute **20** PM.

21. I hereby certify that I attended the deceased from **1-6-43**
19 to **1-6-43** 19

that I last saw him alive on **1-6** 19 **43**

and that death occurred on the date and hour stated above.

Immediate cause of death **Spokery**

Due to **Arterio Sclerosis**

Due to

Other 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 **Wiedman** (M. D. or other)

Address **Perryville** Date signed **1/8/43**

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

RECEIVED

District Health Officer No. 4

District File Number 243-1727

Date Filed 2-8-43

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, 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.