

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3089

State File No. ....

Registrar's No. ....

Registration District No. 73

Primary Registration District No. 5918

1. PLACE OF DEATH:

(a) County Perry  
(b) City or town Cassatown  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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)

3. (a) PRINT FULL NAME Anna Marie Swank  
3. (b) If veteran, name war  
3. (c) Social Security No. None

4. Sex Female 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 August 29, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 5 5 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Anna Marie Swank  
13. Birthplace Perry County, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Pearl Gillars  
15. Birthplace Perry County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Andrew Gillars  
(b) Address Cassatown, Mo.

17. (a) Burial (b) Date thereof Feb 4, 1943  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Cassatown, Mo.

18. (a) Signature of funeral director Bey Funeral Home  
(b) Address Perryville, Mo.

19. (a) 2-4-1943 (b) Dr. J. E. Elder  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry  
(c) City or town Cassatown  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4  
year 1943 hour 6 minute 30 A. M.  
21. I hereby certify that I attended the deceased from Feb 1  
1943, to Feb 4 1943  
that I last saw her alive on Feb 1 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

Duration

PHYSICIAN

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?

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

23. Signature Dr. J. E. Elder (M. D. or other)  
Address Perryville Date signed 2-4-1943

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

RECEIVED

District Health Officer No. 4  
District File Number 243-171  
Date Filed 2-8-43

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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 <sup>not</sup> by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3866

P. O. Address Pennsville, 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.