V. S. No. 2
0M—5-42
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3786

State File No.

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 128

108
0
0

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada W Ward Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp No 3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 5 years 10 mo 8 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Missouri (b) County Taney 0

(c) City or town Branson 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country U.S.A. 0

3. (a) PRINT FULL NAME EVA-ROBERTSON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) ~~Single~~, widowed, ~~married~~, 2 ~~divorced~~ widow

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased June (Month) 13 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	5	27	— hr. — min.

9. Birthplace Waterman (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation formerly housewife

11. Industry or business none

FATHER
12. Name Eber Swift
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Louise Lincoln
15. Birthplace Plano (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Records State Hosp No 3

(b) Address Nevada Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-42 (Month) (Day) (Year)

(c) Place: burial or cremation Branson Mo

18. (a) Signature of funeral director Hurlbut Und Co.

(b) Address Joplin Mo.

19. (a) Dec. 20, 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct, 1939, to Dec 19, 1942 that I last saw her alive on Dec 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dimentia

Due to 162a

Due to

Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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) None

(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)

While at work? (e) Means of injury

23. Signature Paul L. Barone (M. D. ~~or other~~)

Address State Hosp No 3 Date signed Dec 10 1942

1431

(Licensed Embalmer's Statement on Reverse Side) Nevada Mo

RECEIVED
District Health Officer No. 71
District File Number 12-42-1497
Date Filed 1-15-43

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 Perry K Hurlburt

Licensed Embalmer No. 959

P. O. Address Joplin 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.