6124

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 77

Primary Registration District No. 3012

Registrar's No. 225

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 320 North Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 24
(a) State Mo (b) County Clay
(c) City or town Excelsior Springs Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 320 No. Main
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME ALBERT SWAFFORD
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 Widowed
6. (b) Name of husband or wife Dell Swafford
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 24 (Day) 1882 (Year)

8. AGE: Years 60 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Ray Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Miner
11. Industry or business
FATHER
12. Name Arron Swafford
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Metta Liles
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Henry Swafford
(b) Address Richmond Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation Todd cemty Richmond Mo
18. (a) Signature of funeral director Herbert Hope
(b) Address Excelsior Springs Mo
19. (a) 2-8-43 (Date received local registrar) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6th
year 1943 hour 8:00 minute P M.
21. I hereby certify that I attended the deceased from
, 19 ; that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Coroner	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Coroner	
Of autopsy	

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) Coronary Occlusion
(b) Date of occurrence Feb. 6th 8:00 PM 1943
(c) Where did injury occur? Excelsior Springs Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Home
(Specify type of place)
While at work? (e) Means of injury
23. Signature R.W. Prather Coroner (M.D. or other)
Address Excelsior Springs Mo. Date signed 2-8-43

1166

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-4-43

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Spri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.