

LED FEB 16 1943

Registration District No. 154

Primary Registration District No. 5515

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural "Washington"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(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 Albert Palmer Swain, Jr

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 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 _____

7. Birth date of deceased March 4 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Wellsville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Albert P. Swain

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Laura Rust

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Laura Swain

(b) Address Hickman Mills, Mo.

17. (a) Rural (b) Date thereof 2/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hill, K.C., Mo.

18. (a) Signature of funeral director E.H. George & Sons

(b) Address Geardown, Mo.

19. (a) Feb 7-42 (b) Dr. Currier S. Hedger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural, Hickman Mills
(If outside city or town limits, write "RURAL")
(d) Street No. N.W. of Hickman Mills
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1st
year 1943 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 31
Jan 31 1943 to Feb 1 1943
that I last saw him alive on Jan 31 1943
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease

Due to _____

Due to 930

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 J.P. Swain (M.-D. or other) _____

Address 1010 Prof. Bldg Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

1102

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

Rev. 5-17-39 1 X1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... *A. K. George*

Licensed Embalmer No. *3645*

P. O. Address *Grandview Md*

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, above space should be left blank.