

S. No. 2  
M-9-4-41  
5-17-39  
PI X29454

14273

State File No. ....

Registrar's No. 45

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED MAY 8 1943  
Registration District No. 20

Primary Registration District No. 5444

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

38  
0  
0

1. PLACE OF DEATH:  
(a) County Montgomery  
(b) City or town McFall Rural Alton 2000  
(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 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 38  
(a) State Missouri (b) County Montgomery  
(c) City or town McFall Rural  
(If outside city or town limits, write "RURAL.")  
(d) Street No. Eight mile North of McFall (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SILAS MONTGOMERY SWOPE  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Apr day 7  
year 1943 hour 5 minute 30 a.m.  
21. I hereby certify that I attended the deceased from April 4th, 1943 to April 6th, 1943  
that I last saw him alive on April 6th, 1943  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Lucy J Swope 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased May 28 1867 (Month) (Day) (Year)

Immediate cause of death: Carcinoma of the bladder  
Due to metastatic  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 75 Months 10 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Harrison County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Andrew Swope  
13. Birthplace Dont mo Ind 1 (City, town, or county) (State or foreign country)  
14. Maiden name Margaret Funk  
15. Birthplace Dont mo Ind 1 (City, town, or county) (State or foreign country)

16. (a) Informant Lucy J Swope

(b) Address McFall mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 8 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Jones Chapel

18. (a) Signature of funeral director W. B. Hall

(b) Address New Hampton mo

19. May 5 - 1943 (Date received local registrar) Horner W. Webster (Registrar's signature)  
J. J. ... (Licensed Embalmer's signature)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
518

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 5  
23. Signature W. B. Hall (M. D. or other) \_\_\_\_\_  
Address Albany, Mo Date signed April 10 1943

*Dr. Smith, M.D. 1111 1st St.  
St. Louis, Mo.*

*For information  
the following  
is being furnished*

**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.....  
*W. G. Noble*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *W. G. Noble*.....

Licensed Embalmer No. *2904*.....

P. O. Address *New Hampton 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.**