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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 12 1943

Registration District No. 249

Primary Registration District No. 4370

Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Clearmont
(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 2 1/2 years _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 74

(a) State Missouri (b) County Nodaway 0

(c) City or town Clearmont 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)
NO

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Lydia Elvira Swaney

3. (b) If veteran, name war _____

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Geo. Henry Swaney

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: April 26 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>		<u>6</u>	hr. _____ min.

9. Birthplace: Nodaway County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: _____

MOTHER FATHER { 12. Name: Abnah Wilder

13. Birthplace: unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name: Eartha Fine

15. Birthplace: unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant: Geo. Henry Swaney

(b) Address: Clearmont Mo.

17. (a) White Oak Cemetery (b) Date thereof: 5-5-43
(Burial place, or crematorium) (Month) (Day) (Year)

(c) Place: burial or cremation: _____

18. (a) Signature of funeral director: Price Funeral Home

(b) Address: Maryville Mo.

19. (a) May 5 - 1943 (b) W. H. Carpenter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1943 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 20
1943, 19 _____ to May, 19 _____
that I last saw him alive on May 2nd, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis Duration 2 wks

Due to: Arteriosclerosis unknown

Due to: _____

Other conditions: _____ (Include pregnancy within 3 months of death) 94 a

PHYSICIAN

Major findings: _____
Of operations: _____

Of autopsy: _____

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: W. H. Carpenter (M. D. or other) 0

Address: Lopatis Date signed: 5/4/43

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

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.....

Clem M. Price

Licensed Embalmer No. *1822*

P. O. Address *Mayrocks, 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.