

FILED JUN 7 1943

Registration District No. 3891300

Primary Registration District No. 6252

Registrar's No.

24

1. PLACE OF DEATH: **Wayne Missouri**  
 (a) County **Wayne**  
 (b) City or town **Mill Springs,**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **Mill Springs**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. **V** (Specify whether  
 In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME **Lee Swaeza,**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Charlet Swaeza,** 6. (c) Age of husband or wife if alive **62** years  
 7. Birth date of deceased **September 30, 1880.**  
 (Month) (Day) (Year)

8. AGE: Years **62** Months **5** Days **21** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Missouri.** (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation **Farmer**

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

MOTHER FATHER { 12. Name **Barney Cook Swaeza,**  
 13. Birthplace **Missouri.** (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
 14. Maiden name **Melvinia Carter,**  
 15. Birthplace **Tennessee.** (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant **Leeper, M.**

(b) Address \_\_\_\_\_  
 17. (a) **Burial** (b) Date thereof **May 26, 1943**  
 (Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)  
 (c) Place: burial or cremation **Alwood Cemetery.**

18. (a) Signature of funeral director **F. O. Yates,**  
 (b) Address **Redmond, Mo.**

19. (a) **May, 29, 1943** (b) **Mrs. Lattie Manns**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **Wayne Missouri**  
 (a) State **Missouri** (b) County **Wayne**  
 (c) City or town **Leeper** (If outside city or town limits, write "RURAL") **Rural**  
 (d) Street No. \_\_\_\_\_ (If rural, give location) **Mill Spring Sup.**  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION **May-1943**

20. DATE OF DEATH: Month **4** P.M. day \_\_\_\_\_ year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: **accidentally Drowned.** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ Of operations \_\_\_\_\_

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: **V III**

(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 **F. O. Yates** (M. D. or other) \_\_\_\_\_

Address **Redmond, Mo.** Date signed \_\_\_\_\_

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

**RECEIVED**

District Health Officer No. 4

District File Number 643-2240

Date Filed 6-4-43

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**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed J. M. Yates

Licensed Embalmer No. 2572

P. O. Address Piedmont, 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 269

Primary Registration District No. 6252

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Wayne  
(b) City or town Mill Springs  
(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 \_\_\_\_\_ (Specify whether)  
years, months or days

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 30 (Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) mo.

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER  
12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal) (c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day \_\_\_\_\_ year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death accidentally drowned

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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: No.

(a) Accident, ~~suicide~~ Accident  
(b) Date of occurrence May 21, 1943  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? He got in Black River near his home & drowned No. (Specify type of place)

(c) Means of injury He was washed in Black River  
23. Signature P. J. ... (M. D. or other)

Address Pittsburg, Mo. Day \_\_\_\_\_

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-19341