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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUL 2 1943

Registration District No. 383

Primary Registration District No. 2027-563-5

Registrar's No. 110

55
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town near 7th Vernon
(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 about 67 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town 7th Vernon Rural
(If outside city or town limits, write "RURAL.")

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

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

3. (a) PRINT FULL NAME Mrs. Bettie Victoria Fowler Swearingen

3. (b) If veteran, name war _____ X

3. (c) Social Security No. _____ X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1943 hour 4:10 minute _____ A. M.

21. I hereby certify that I attended the deceased from April 13
1938 to June 13, 1943
that I last saw her alive on June 13, 1943
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife William T. Swearingen alive _____ years

6. (c) Age of husband or wife if _____

7. Birth date of deceased: March 3 1859
(Month) (Day) (Year)

Immediate cause of death: apoplexy

Due to _____

Due to pyemias attack of apoplexy

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

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>3</u>	<u>14</u>	_____ hr. _____ min.

Major findings: 82a

Of operations _____

Of autopsy no.

9. Birthplace: Hardin Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business farmer

12. Name Oyra Fowler

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name China Iron 9

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs. Emma Ruckert

(b) Address Mr. Vernon 770

17. (a) Burial (b) Date thereof 6-20-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Edgar Barr

(b) Address Mr. Vernon 770

19. (a) 6-19-43 (b) Adelle Campbell
(Date received local registrar) (Registrar's signature)

23. Signature P. A. Holmes (M. D. or other)

Address Mr. Vernon Date signed 6-19-43

Duration 4 days

5 years

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 643-738

Date Filed JUN 20 1943

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 George B. Orr
Licensed Embalmer No. 946
P. O. Address 7th Vernon 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.