

FILED AUG 7 1943

Registration District No. 175

Primary Registration District No. 5733

3600
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural, Union
(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 _____
In this community All is Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Franklin
(c) City or town Rural
(d) Street No. Union, Mo.
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Anthony Swobada

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband's~~ wife Catherine Swobada 6. (c) Age of ~~husband's~~ wife if alive 64 years
7. Birth date of deceased March 8 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 4 13 hr. min.

9. Birthplace Krakow Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Frank Swobada
13. Birthplace Krakow, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Pawlowitz
15. Birthplace Krakow, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Swobada
(b) Address Union, Missouri
17. (a) Burial (b) Date thereof July 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union, Missouri

18. (a) Signature of funeral director Wm. H. Brown
(b) Address Union, Missouri
19. (a) 7-23-43 (b) Howard H. Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1943 hour 2:15 minute 0 A. M.

21. I hereby certify that I attended the deceased from 6-15-43 to 7-21-43
that I last saw him alive on 7-20-43 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular disease Duration 2. yrs.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 1316

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:
(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)
(a) Means of injury _____
23. Signature Wm. H. Brown (M. D. or other) yes
Address Union, Mo Date signed 7-22-43

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 W. H. Horn
Licensed Embalmer No. 3175
P. O. Address Union, 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.