

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 192257

Primary Registration District No. 4248

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Sarcoxie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 88 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper

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

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

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

3. (a) PRINT FULL NAME Nancy Swindle McNallie

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dennis 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased August 11, 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	0	16	hr. min.

9. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Wm. J. Swindle

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

14. Maiden name Rachel Dotson

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

16. (a) Informant Miss Mary McNallie

(b) Address Sarcoxie, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/29/43
(Month) (Day) (Year)

(c) Place: burial or cremation Harvey Cemetery

18. (a) Signature of funeral director Roland C. Engelage

(b) Address Sarcoxie, Missouri

19. (a) Aug 29 '43 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27
year 1943 hour 12:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Aug 9 - 1943 to Aug 27 - 1943
that I last saw her alive on 25 - Aug 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chr myo carditis
Duration year

Due to _____

Due to Hypertension 5 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

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) (e) Means of injury

23. Signature [Signature] (M. D. or other)
Address Sarcoxie Mo Date signed 8-29-43

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

009

X32

1203

48-8-729

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.....

F. B. Orr

Licensed Embalmer No. *# 946*

P. O. Address *7th Yermion, 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.