

No. 2
4-13-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31692

State File No. _____

FILED SEP 25 1943 310/28

Registration District No. _____

Primary Registration District No. 5466

Registrar's No. 736

1. PLACE OF DEATH: **GREENE**

(a) County **GREENE**

(b) City or town **Springfield Rural, S. Campbell**

(c) Name of hospital or institution: **Route 3**

(If not in hospital or institution, write street number or location) **1**

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: **039**

(a) State **Missouri** (b) County **Greene**

(c) City or town **Springfield Rural, S. Campbell**

(If outside city or town limits, write "RURAL") **Spfld. Route 3**

(d) Street No. _____ (If rural, give location) **0**

(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME **Norman Elwood Swain**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **500-05-2876**

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married **single**

6. (b) Name of husband or wife **single** 6. (c) Age of husband or wife if alive **XX** years

7. Birth date of deceased **October 7 1920**

8. AGE:	Years	Months	Days	If less than one day
	22	10	28	hr. _____ min.

9. Birthplace **Ava Missouri 0**

10. Usual occupation **Typewriter repair man same**

11. Industry or business **A. A. Swain**

12. Name **A. A. Swain** 13. Birthplace **Unknown Unknown 9**

14. Maiden name **Otha Williams** 15. Birthplace **Ava Missouri 0**

16. (a) Informant **Mrs. Otha Johnson**

(b) Address **Route 3 Spfld. Mo.**

17. (a) **Burial** (b) Date thereof **9-7-43**

(c) Place: burial or cremation **Maple Park**

18. (a) Signature of funeral director **J. W. Klingner & Co.**

(b) Address **Springfield Missouri**

19. (a) **9-7-43** (b) **S. W. Standley**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **5** year **1943** hour **1:30** minute _____ P. M.

21. I hereby certify that I attended the deceased from **5/1/43** to **9/5/43** that I last saw him alive on **9/3/43** and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral stenosis & regurgitation**

Due to **?**

Due to _____

Other conditions **928** (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: (a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____ (c) Where did injury occur? _____ (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 **J. B. J. J. J.** (M. D. or other) **M.D.** Address **Springfield, Mo.** Date signed **9/6-43**

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

MOTHER FATHER

Duration
?
PHYSICIAN
Underline the cause to which death should be charged statistically.

788

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. J. ...

Licensed Embalmer No.

40719

P. O. Address

Springfield

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.

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