

S. No. 2.  
OM-2-43  
7-5-17-46  
1 X 2

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

DEPARTMENT OF COMMERCE  
BUREAU OF PUBLIC HEALTH

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35458**  
Registrar's No. **73**

Registration District No. **270**

Primary Registration District No. **3050**

FILED NOV 9 1943

1. PLACE OF DEATH:

(a) County **Amursec**  
 (b) City or town **Caruthersville**  
 (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) **1**  
 (d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

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

4. Sex **Male** 5. Color or race **Cal** 6. (a) Single, widowed, married **Married**  
 divorced \_\_\_\_\_  
 (b) Name of husband or wife **Joseph B. Swenne** (c) Age of husband or wife if alive **47** years  
 7. Birth date of deceased **3-12-1899**  
 (Month) (Day) (Year)

8. AGE: Years **64** Months **6** Days **18** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Unknown** (City, town, or county) (State or foreign country)

10. Usual occupation **Janitor at Gabary**

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

12. Name **Unknown**

13. Birthplace **Lead, Pa** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Pessie B. Wilk**

(b) Address **Caruthersville Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10-4-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Morgan Hill**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Caruthersville Mo**

19. (a) **10-4-1943** (Date received local registrar) (b) **Jessie W. Marney** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Payson**  
 (c) City or town **Caruthersville Mo** (If outside city or town limits, write "RURAL")  
 (d) Street No. **702 Carlton, Rear 878** (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **3** year **1943** hour **6** minute **15** M.  
 21. I hereby certify that I attended the deceased from **Sept 6** to **Oct 3** 19**43**  
 that I last saw him alive on **Sept 25** 19**43**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pyelonic cancer**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) **46 lb**

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? \_\_\_\_\_ (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) (c) Means of injury \_\_\_\_\_  
 23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_  
 Address **Caruthersville Mo** Date signed **10/4/43**

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

10-43-291

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**