

Registration District No. **267**

Primary Registration District No. **5901**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County Deming
(b) City or town Bural - Swift
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Conceded
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deming
(c) City or town Bural - Swift
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9
year 1943 hour 4 minute P. A.M.

21. I hereby certify that I attended the deceased from Nov. 7, 1943
to Nov 9, 1943
that I last saw him alive on Nov. 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Aspiration Pneumonia Duration 2 days

Due to Aspiration of
serous fluid.

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

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) (e) Means of injury _____

23. Signature J. G. Dowd M.D. (M. D. or other) _____
Address Swift, Mo. Date signed 11-9-43

3. (a) PRINT FULL NAME Blanton M. Fadden Jr.

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

4. Sex Male 5. Color or race Caucasian 6. (a) Single, widowed, married, divorced divorced

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

7. Birth date of deceased 7-11 7 - 1 - 1
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day 59 hr. 42 min.

9. Birthplace Deming Co. Swift, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Blanton M. Fadden

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

14. Maiden name Veronica Allen

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

16. (a) Informant Mother

(b) Address Swift, Mo.

17. (a) _____ (b) Date thereof 11-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Swift, Mo.

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 11-10-43 (b) George Schuchardt
(Date received local registrar) (Registrar's signature)

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

58

1327

11-43-322

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.