

FILED FEB 18 1944
Registration District No. 293

Primary Registration District No. 3037-365J- Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County Laurence

(b) City or town Mt. Vernon Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1/1/44
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 7 years
years, months or days

2. USUAL RESIDENCE OF DECEASED: 55

(a) State Mo. (b) County Laurences

(c) City or town Mt. Vernon Rural
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Pearl U. SWANSON

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

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

6. (b) Name of husband or wife John Swanson 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 5 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

52 10 23 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas L. Bowling

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

14. Maiden name Martha E. Martiney

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

16. (a) Informant John Swanson

(b) Address Mt. Vernon Mo.

17. (a) Burial (b) Date thereof Jan 30 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crane Mo.

18. (a) Signature of funeral director J. D. Fassett

(b) Address Mt. Vernon Mo.

19. (a) 2-1-44 (b) Rutter
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan day 28 year 1944 hour 11:10 minute A M.

21. I hereby certify that I attended the deceased from Jan. 24 1944 to Jan. 28 1944 that I last saw him alive on Jan. 28 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia
Cardiac Decompensation
Ch. Myocarditis & Hypertension

Other conditions (Include pregnancy within 3 months of death) 92d

Duration _____

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

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) (e) Means of injury _____

23. Signature Samuel Glover MD (Print name or other) _____
Address Mt. Vernon Mo. Date signed 1/29/44

RECEIVED
District Health Officer No. 6;
District File Number 244-243
Date Filed FEB 15 1944

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 *May P. Fassett*
Licensed Embalmer No. *4252*
P. O. Address *Mt. Vernon*

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.