

FILED APR 7 1944

State File No.

Registration District No. 1944

Primary Registration District No. 3000

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 704 E. Normal  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community two months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Fulton (If outside city or town limits, write "RURAL")  
(d) Street No. 709 Court St (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clara Harrison Swain

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, divorced

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

7. Birth date of deceased December 17 1863  
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Franklin County Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business domestic

12. Name Belus Franklin Harrison

13. Birthplace Franklin County Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Lipe

15. Birthplace Franklin County Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant G. G. Swain

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 3/20/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director James Emanuel Stone

(b) Address Kirksville, Mo.

19. (a) Mar 30 1944 (b) Mrs. L. Wagoner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1944 hour about 6:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from March 10 1944 to March 18 1944 that I last saw him or alive on March 10 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis and Endocarditis arteriosclerosis  
Duration 18 yrs  
Due to \_\_\_\_\_ years

Due to \_\_\_\_\_

Other conditions (Includes pregnancy within 3 months of death) 93d

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 12

23. Signature Spencer L. Greenman M.D.

Address Kirksville, Mo. Date signed 3/24/44

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

2  
43  
39  
35927

MAY 18 1948

MAY 18 1948

RECEIVED

District Health Officer No. 10

District File Number 4-44-711

Date Filed APR 6 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 Geo. B. Casley Jr.

Licensed Embalmer No. 3755

P. O. Address Huddon 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.