

No. 2
-2-43
-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11510

FILED APR 12 1944
Registration District No. 2974

Primary Registration District No. S273

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Merced county

(b) City or town Princeton, MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Hospital

(d) Length of stay: In hospital or institution 3 years

In this community all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mo

(c) City or town Princeton, MO (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Leona Swanson

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife 0

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased: January 28, 1966

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30 year 1944 hour 2 minute 30 AM

21. I hereby certify that I attended the deceased from Mar 18 1944 to Mar 30 1944; that I last saw her alive on Mar 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic

8. AGE: Years 78 Months 2 Days 2 If less than one day 0 hr. 0 min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

Due to Diabetic

Due to 0

Other conditions (Include pregnancy within 3 months of death) 0

Major findings: Of operations 0

Of autopsy 0

11. Industry or business 0

12. Name unknown

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. (a) Informant John E. Powell

(b) Address Princeton, Mo.

17. (a) burial (b) Date thereof Mar 30, 1944

(c) Place: burial or cremation Princeton cemetery

18. (a) Signature of funeral director Noel Moss

(b) Address Princeton, Mo.

19. (a) 3-30-44 (b) Gwen Martin (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place) (e) Means of injury 0

23. Signature Gwen Martin (M. D. or other) 0

Address Princeton, Mo Date signed 3-30-44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1367

(Licensed Embalmer's Statement on Reverse Side)

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 Was not Embalmed

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

Signed Harold D. Duss

Licensed Embalmer No. 2634

P. O. Address Pinneton, N.M.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April
Registrar's No. 30

Registration District No. 210 Primary Registration District No. (5973)

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Marys
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Leona Swanson
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan. 28 1896
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 2 If less than one day, min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Mercer
(c) City or town Genius Mo (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 28
year 1944 hour..... minute..... M.
21. I hereby certify that I attended the deceased from..... 19.....
that I last saw him alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....
Due to.....
Other conditions (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?..... (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..... (M. D. or other)
Address..... Date signed.....

SUPPLEMENTARY

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

MOTHER FATHER

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

11510