

No. 2
4-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14115

FILED APR 22 1944

State File No. _____

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
105 Colorado Ave.
(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 Months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 105 Colorado Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME TENNESSEE SWARTWOUT

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 6
year 1944 hour 1:15 minute A.M.

21. I hereby certify that I attended the deceased from 1-18-
1944 to Mar. 6-
1944
that I last saw him alive on 2-28-
1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Herbert Swartwout

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

7. Birth date of deceased 4 - 30 - 1858
(Month) (Dny) (Year)

Immediate cause of death Coronary Artery Duration 70 weeks

Due to Arterio sclerosis coronary

Due to Old age

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

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

Years	Months	Days	If less than one day
85	10	6	hr. min.

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

10. Usual occupation At Home

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Jerry Kelly

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Flossie Easley

(b) Address 107 Colorado Ave., Columbia, Mo.

17. (a) Burial (b) Date thereof 3-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parson Funeral Service
Columbia, Mo.

(b) Address _____

19. (a) 3-8-1944 (b) Edna H. Barton
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) No

(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? No (Specify type of place) _____
(e) Means of injury _____

23. Signature W. P. [unclear] M. D. or other _____
Address Columbia, Mo. Date signed 3-7-44

1250

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-20-44

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

M. W. Whitman

Licensed Embalmer No.

3893

P. O. Address

Columbia

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.