

FILED MAY 12 1944

State File No. \_\_\_\_\_

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 66

1. PLACE OF DEATH:

(a) County De Witt  
(b) City or town Kennett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Presnell O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution One hour  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5937 Easton Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Miles Swatney

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

4. (Sex) Male 5. Color or race White 6. (a) Single, widowed, married, divorced. 0

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

7. Birth date of deceased. June 14  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>9</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name William Swatney

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

14. Maiden name Walter Christine

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

16. (a) Informant Max Emory

(b) Address Wardell, Mo.

17. (a) Burial (b) Date thereof 4-9-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Mo.

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

(b) Address Kennett, Mo.

19. (a) 4-9-44 (b) J. B. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 7  
year 1944 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from 11-45 P.M.  
To 12:10 A.M. 1944 to 4/7/44 1944  
that I last saw him alive on 4-7-44 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Septic meningitis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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. B. ... (M. D. or other)

Address Kennett, Mo. Date signed 4/9/44

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

397

RECEIVED

District Health Office No. 2,

District File Number 5544-737

Date Filed 5-11-44

MAY 12 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.....

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.**