

19386

S. No. 2  
M-8-43  
7-5-17-39  
P-1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 9

FILED JUN 13 1944  
Registration District No. 3844

Primary Registration District No. 4533

1. PLACE OF DEATH:

(a) County Warren  
(b) City or town Wright City Mo  
(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  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Warren  
(c) City or town Wright City Mo  
(d) Street No.  
(e) Citizen of foreign country?  
If yes, name country

3. (a) PRINT FULL NAME Eliza Jane Swartz

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

4. Sex F. 1 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Nov 11 1858 (Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 0 If less than one day hr. min.

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

10. Usual occupation Nurse Keeper

11. Industry or business

12. Name James Sublette

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

14. Maiden name Elizabeth Farmer

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

16. (a) Informant Mrs. Ella Johnson

(b) Address Truesdail Mo

17. (a) Burial (b) Date thereof May 14 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City Cem.

18. (a) Signature of funeral director J. H. ... (b) Address Wright City Mo

19. (a) 5/13/44 (b) Julius ... (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1944 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1940 that I last saw her alive on May 10 - 8 P.M. 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Cholelithiasis

Due to  
Other conditions 13/a (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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury  
23. Signature John B. ... (M.D. or other) Address Wright City Mo Date signed 5/13/44

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

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

MOTHER FATHER

1281

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 6-12-44

**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 Julius J. Neuberg

Licensed Embalmer No. 3366

P. O. Address Wright City 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.**