

FILED JUN 20 1944

Registration District No.

Primary Registration District No.

2007

Registrar's No.

165

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
South 9th Street
 (If not in hospital or institution, write street number or location) 1
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ 39 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME J. W. Swan3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Swan
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased June 14, 1850
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>10</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Alabama
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown
 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 Jake Swan
 (b) Address Rt. 1, Harviell, Mo.
 17. (a) Burial (b) Date thereof 5-14-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sparkman Cemetery

18. (a) Signature of funeral director Greer Croy
 (b) Address Poplar Bluff, Mo.
 19. (a) 5/16/44 (b) Belle Anne
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
 (c) City or town Poplar Bluff 7
 (If outside city or town limits, write "RURAL") 3
 (d) Street No. South 9th Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1944 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from 4-28, 1944 to 4-28, 1944,
 that I last saw him alive on 4-28, 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic glomerular nephritis
 Duration Unknown

Due to _____
 Due to _____

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

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?

(Specify type of place)
 While at work _____ (c) Means of injury _____
 23. Signature J. W. Jordan (M. D. or other) _____
 Address Poplar Bluff, Mo. Date signed 5/2/44

RECEIVED

District Health Office No.

District File Number 644-78

Date Filed 6-8-48

01

74
74

82-11-28
74-28

28-28

mandell ...

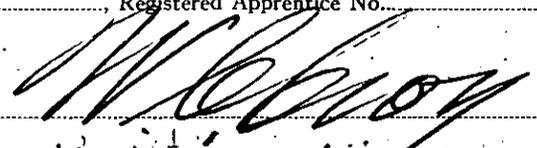
STATEMENT BY LICENSED EMBALMER

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. 3474

P. O. Address Poplar Bluff, 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.