. S. No. 2
00M—5-43
ev. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25596

Registration District No. 316 Primary Registration District No. 6075 Registrar's No.

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township) Twp 3
(c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 2 mos. 29 das. (Specify whether years, months or days)
In this community 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bollinger 94
(c) City or town Grassy 0
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES ABEL SWAN
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Mae Hillus
6. (c) Age of husband or wife if alive Age Unk years
7. Birth date of deceased May (Month) 20, (Day) 1882 (Year)

8. AGE: Years 62 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Bollinger Co., (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name John Swan
13. Birthplace Perry Co., (City, town, or county) Missouri 0 (State or foreign country)
MOTHER 14. Maiden name Sophia Sitse
15. Birthplace Bollinger Co., (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation Ivy Cem., Wayne Co., Mo.
18. (a) Signature of funeral director A. J. Baker Funeral Home
(b) Address Lutesville, Mo.
19. (a) 6-29-44 (Date received local registrar) (b) Donald Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1944 hour 8 minute A. M.
21. I hereby certify that I attended the deceased from ~~Date~~ May 13, 1943 to May 22, 1944 that I last saw him alive on May 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	2 years
Due to	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No 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? (e) Means of injury 0
23. Signature Maxie J. Nichols (M. D. or Coroner)
Address Farmington Mo. Date signed 5-23-44

1573 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 744-4109

Date Filed 7-28-44

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 A. J. Baker

Licensed Embalmer No. 3578

P. O. Address Lutesville 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.