S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 16 1944

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6011

State File No. 41998

Registrar's No. 238

1. PLACE OF DEATH:

(a) County Randolph

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

(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 ✓ (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 29

(c) City or town Rural Union Twshp.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country ?

3. (a) PRINT FULL NAME Sally Ann Swackhammer

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 31st (Day) 1846 (Year)

8. AGE: Years 97 Months 10 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) Ky (State or foreign country) 1

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name no data
13. Birthplace " (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country) 9

16. (a) Informant Andy Swackhammer
(b) Address RFD Moberly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26th 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Antiock. E of Moberly

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly

19. (a) 11-26-44 (Date received local registrar) (b) Irma Hawe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25th year 1944 hour 5 minute 05 a M.

21. I hereby certify that I attended the deceased from Nov-24, 1944 to Nov-25-, 1944 that I last saw her alive on Nov-24-, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

She was dying when I first saw her.

Due to Arterio-sclerosis and senility

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?
— (Specify type of place)

While at work? — (e) Means of injury —

23. Signature E. W. Shrader (M. D. ~~or other~~)

Address Moberly, Mo. Date signed 11-26-44

1036

(Licensed Embalmer's Statement on Reverse Side)

1944

RECEIVED
District Health Officer No. 10
District File Number 12-44-2012
Date Filed DEC 14 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 Frank L. DeHart

Licensed Embalmer No. 3021

P. O. Address Moberly 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.