

FILED FEB 13 1945
Registration District No. 247

Primary Registration District No. 3056

Registrar's No. 16

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
8
3
6

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution: McCormick Hospital
(d) Length of stay: In hospital or institution 10 days
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Huntsville
(d) Street No. Rural Route #4
(e) Citizen of foreign country? no
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 10
year 1945 hour 7:00 P.M. minute _____ M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula May Swetnam
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased August 8 1863

21. I hereby certify that I attended the deceased from Jan 1, 1939 to Jan 10, 1945
that I last saw him alive on Jan 10, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Pyelonephritis
Duration 10 days

8. AGE: Years 81 Months 5 Days 2
If less than one day _____ hr. _____ min.

Due to chronic pyelitis
Due to 1376
Other conditions senility
Major findings: Of operations none
Of autopsy none
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? _____

9. Birthplace Randolph County Missouri
10. Usual occupation farming

11. Industry or business _____
12. Name William Swetnam
13. Birthplace Don't know
14. Maiden name Hannah Carter
15. Birthplace Randolph Co. Missouri

16. (a) Informant Mrs. Lula May Swetnam
(b) Address Huntsville, Missouri
17. (a) burial (b) Date thereof 1/12/1945
(c) Place: burial or cremation Huntsville, Mo.

18. (a) Signature of funeral director Tommy B. Patton
(b) Address Huntsville, Mo.
19. (a) 1-29-45 (b) Orna Kowl
(Date received local registrar) (Registrar's signature)

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? _____
(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 W. Dreyer (M. D. or other) MD
Address Huntsville, Mo. Date signed 1/29/45

1056

RECEIVED

District Health Officer No. 10

District File Number 2-45-320

Date Filed FEB 11 1945

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.