

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural
(c) Name of hospital or institution: Brazeau
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 69-1-3
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Carline Theresa Swan

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles R. Swan 6. (c) Age of husband or wife if alive 1876
7. Birth date of deceased March 24 (Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Cape Girardeau Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name Michial Gratz
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Theresa Pila
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Charles Swan
(b) Address Leadwood Mo.

17. (a) Burial (b) Date thereof 4-29-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altenberg, Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 4-28-45 (b) Young & Sons
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Rural
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1945 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 15 1945 to April 27 1945
that I last saw her alive on April 25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 wks

Due to

Due to

Other conditions (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? (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 Theodor Fischer (M. D. or other)
Address Altenberg, Mo. Date signed 4/28/45

RECEIVED
District Health Officer No. Y

District File Number 5 Y 5-673

Date Filed 5-9-45

OCT 8 1946

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

Wallace Young

Licensed Embalmer No. 4027

P. O. Address

Perryville Md

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.