

FILED JUL 30 1945

Registration District No. 187

Primary Registration District No. 5393

Registrar's No. 24

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

1. PLACE OF DEATH: Douglas

(a) County Douglas

(b) City or town Ava Rural Benton Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Ava Rural 0
(If outside city or town limits, write "RURAL")
Route 4, 0
(If rural, give location)

(d) Street No. _____

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George W. Switzer

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married!

6. (b) Name of husband or wife Maude Switzer 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December 9, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>6</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Clarke County, Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Robert Switzer

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Edwards

15. Birthplace Iowa /
(City, town, or county) (State or foreign country)

16. (a) Informant Maude Switzer

(b) Address Route 4, Ava, Missouri

17. (a) Burial (b) Date thereof 7-1-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Taber

18. (a) Signature of funeral director Clinkingheard Funeral H
Ava, Missouri

(b) Address _____

19. (a) 7-1-1945 (b) Lula Skurlock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1945 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 16, 1945 to June 29, 1945
that I last saw him alive on June 28, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Attack Duration 2 1/2 hrs

Due to Coronary Myocarditis Aut.

Due to _____

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

Major findings: Of operations AMJ
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 0

23. Signature R M Norman (M. D. or other) 0

Address PO Box 210 Date signed 6/29/45

RECEIVED

District Health Officer No. 8,
District File Number 145-813
Date Filed JUL 27 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 W.B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Ara 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.