S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24057

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 353

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: 1106 Custer SX 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 a number years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Trenton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1106 Custer SX 2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Sadie S Swinton

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race white

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Wm H Swinton

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Nov (Month) 5 (Day) 1881 (Year)

8. AGE: Years 63 Months 8 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Mercer County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name John McClain
13. Birthplace Michigan (City, town, or county) Iowa 1 (State or foreign country)

MOTHER
14. Maiden name Adly Nash Burton
15. Birthplace Mercer County (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant William H Swinton
(b) Address Trenton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1945 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery, Trenton Mo.

18. (a) Signature of funeral director Raymond A Dawson
(b) Address Trenton Mo.

19. (a) July 14 - 1945 (Date received local registrar) (b) L. S. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th year 1945 hour 1:15 minute A M.

21. I hereby certify that I attended the deceased from ....., 1940, to July 12 —, 1945; that I last saw her alive on July 11, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency (~~Essential Hypertension~~)

Due to Essential Hypertension

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration: several years

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 C H Cullers M.D. (M. D. or other)

Address Trenton Mo. Date signed 7-14-45

1330

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.