

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED AUG 18 1945 STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. 227

Primary Registration District No. 5-957

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Russell Indian Trp  
(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 MO (b) County Pike 82  
(c) City or town Bowling Green 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country Y

3. (a) PRINT FULL NAME MARY SARILDA SWIGER

3. (b) If veteran, name war X 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 Samuel Swiger 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Nov 19 1866  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 16 If less than one day \_\_\_\_\_ hr. 2 min.

9. Birthplace Dodgeville Co W. Va 1  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Albert Talkington

13. Birthplace W. Va 1  
(City, town, or county) (State or foreign country)

14. Maiden name Palinda Benzer

15. Birthplace W. Va 1  
(City, town, or county) (State or foreign country)

16. (a) Informant M. D. Swiger

(b) Address Bowling Green Mo

17. (a) Burial (b) Date thereof 26 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or crema Concord Cemetery Mo

18. (a) Signature of funeral director Grace Banks

(b) Address Bowling Green Mo

19. (a) July 30/45 (b) John Frank Gahn  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1945 hour \_\_\_\_\_ minute 5 P. M.

21. I hereby certify that I attended the deceased from March 13 1936 to July 24 1945  
that I last saw her alive on July 20 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage, intestinal  
Due to Carcinoma of colon

Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 5 months of death)

Major findings: Carcinoma  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Eugene Dorn (M. D. or other) \_\_\_\_\_  
Address Bowling Green, Mo Date signed 7/20/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 8-45-1256

Date Filed AUG 16 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.....

*Isaac Benfhead*

Licensed Embalmer No. *2204*

P. O. Address *Bowling Green, 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.