

S. No. 2
1-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2574

FILED

JAN 25 1945

State File No. 20
Registrar's No. 27

Registration District No. 99

Primary Registration District No. 4168

1. PLACE OF DEATH:
(a) County De Kalb
(b) City or town Maysville mo
(c) Name of hospital or institution: Home
(d) Length of stay: In hospital or institution 60 years.
In this community 60 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County De Kalb
(c) City or town Maysville mo
(d) Street No. 209
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME NERI EDWIN SWORE
(b) If veteran, name war NO
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 22
year 45 hour 5:00 minute 20 P. M.
21. I hereby certify that I attended the deceased from Dec 17 1945 to Dec 22 1945
that I last saw him alive on Dec 22 1945
and that death occurred on the date and hour stated above.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife Alice Swore
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased March 17 1860

Immediate cause of death: Bronchial Pneumonia
Due to: influenza
Due to:
Other conditions:
Major findings:
Of operations:
Of autopsy:

8. AGE: Years 85 Months 9 Days 5
If less than one day hr. min.

9. Birthplace: Ohio
10. Usual occupation: farmer
11. Industry or business:
12. Name: Eliza Swore
13. Birthplace: Ohio
14. Maiden name: Lydia Front
15. Birthplace: Mo.

16. (a) Informant: Ezra Swore
(b) Address: Maysville mo
17. (a) Burial (Burial, cremation or removal)
(b) Date thereof: 12-24-45
(c) Place: burial or cremation: Dunning Cemetery
18. (a) Signature of funeral director: John S. Brann
(b) Address: Maysville mo
19. (a) Jan 4-45 (Date received local registrar)
(b) Roscoe Davidson (Registrar's signature)

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?
23. Signature: R. R. Davidson (M. D.)
Address: Maysville mo Date signed: 12/24/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
100132

Received
DISTRICT HEALTH OFFICE
Cameron, Mo.
1-18-46

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 *John G. Brown*
Licensed Embalmer No. *3933*
P. O. Address *Mayville 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.