No. 2
9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5435

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 8

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howell 46
(c) City or town West Plains 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Catherine E. Swindle
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife W. A. Swindle
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased 11 (Month) (Day) 1866 (Year)

8. AGE: Years 79 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Ironton (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name J. K. Townsend
13. Birthplace unk 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Dolls
15. Birthplace unk 9 (City, town, or county) (State or foreign country)
16. (a) Informant W. A. Swindle
(b) Address West Plains, Mo Rt 2
17. (a) B (Burial, cremation, or removal) (b) Date thereof 12-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Homeland
18. (a) Signature of funeral director Robertson
(b) Address West Plains, Mo
19. (a) Feb. 6, 1946 (Date received local registrar) (b) Gladys Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27 year 1945 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from 12/1 1945 to 12/27 1945 that I last saw h. alive on 12/27 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	
Due to Bronchitis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (e) Means of injury
23. Signature Manuel Hamilton (M. D. or other) M.D.
Address West Plains Mo Date signed 1/20/46

125 (Licensed Embalmer's Statement on Reverse Side) Thompson

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

100999

RECEIVED
District Health Officer No. 8,
District File Number 246268
Date Filed 2-15-46

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 D. D. Robertson

Licensed Embalmer No. 3432

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.