

No. 2
-5-43
-17-39
X36671

STANDARD CERTIFICATE OF DEATH

State File No. 10215

Registration District No. 271

Primary Registration District No. 4360

Registrar's No. 897

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville Mo

(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 Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Portageville

(d) Street No. 0

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

If yes, name country _____

3. (a) PRINT FULL NAME KIBBLE THOMAS SWILLEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1946 hour 7 minute ? M.

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

7. Birth date of deceased: July (Month) 1880 (Day) (Year)

8. AGE: Years 65 Months 6 Days 18 If less than one day _____ hr. _____ min.

Immediate cause of death: Probably heart failure as he was found dead in bed. Did not complain of being ill and was not attended by a physician.

Duration _____

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

9. Birthplace: Conran Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Barber

Major findings: _____

Of operations _____

Of autopsy 200

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name Samuel J. Swilley

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

14. Maiden name Julia Ann Pitney

15. Birthplace Conran Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Allen Swilley

(b) Address Portageville Mo.

17. (a) Burial (b) Date thereof Jan. 25-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Mo.

18. (a) Signature of funeral director Ed. I. L. Linsell

(b) Address Portageville Mo.

19. (a) 1-24-46 (b) Ed. L. Linsell (Date received local registrar) (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? _____ (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 John Killian (M. D. or other) _____

Address Portageville Mo. Date signed 3-5-46

RECEIVED

District Health Office No. 2,

District File Number 346-396

Date Filed 3/15/46

1946

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.....

working under my personal supervision.

Registered Apprentice No. ✓

Signed Leonard J. Vergo

Licensed Embalmer No. 4351

P. O. Address Portageville, 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.