No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

12955

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14055

State File No.

FILED MAY 16 1946

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 137

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 504 East 10th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 504 East 10th 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Hattie M. Swan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John W. Swan

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

7. Birth date of deceased November (Month) 15 (Day) 1866 (Year)

8. AGE: Years 79 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Easton Corners Ontario (City, town, or county) Canada (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name William McKim
13. Birthplace (City, town, or county) Scotland (State or foreign country)

MOTHER
14. Maiden name Eliza Hawley
15. Birthplace (City, town, or county) Scotland (State or foreign country)

16. (a) Informant Miss Elsie Swan
(b) Address 504 E. 10th, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia, Missouri

19. (a) 5-2-46 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

251

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 25 year 1946 hour 9 45 minute P M.

21. I hereby certify that I attended the deceased from 4-25 (am) 1946, to 4-25 (pm) 1946 that I last saw her alive on 4-25 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to arteriosclerosis & hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 J W Boger (M. D. or other) MD

Address Sedalia Mo Date signed 4/27/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5-14-46

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 R. P. McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.