

**FILED JUN 20 1946**

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 56

**1. PLACE OF DEATH:**

(a) County Pemiscot  
(b) City or town Caruthersville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 46 years (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pemiscot 78  
(c) City or town Caruthersville  
(If outside city or town limits, write "RURAL")  
(d) Street No. E. 12th St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DORA E. SWINFORD

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married? Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Unknown 23 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 12 If less than one day  
about 84 hr. min.

9. Birthplace Livingston Co., Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation House-work

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

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. Informant Jane Koudian

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 6/6/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon Cemetery

18. (a) Signature of funeral director H.S. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 6-5-46 (b) Frederic B. Wilkes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 4  
year 1946 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 3 - 1946 to June 4 - 1946  
that I last saw her alive on June 3 - 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease  
Duration Not known

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature J. R. Timon (M. D. or other) \_\_\_\_\_

Address Caruthersville, Mo. Date signed 6-4-46

MOTHER FATHER  
July 10, 1946

5-46-112

JUN 26 1946

JUL 10 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *James A. Osburn* .....

Licensed Embalmer No. *4185* .....

P. O. Address. *Caruthville, Tenn.* .....

**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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Pemiscot } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 270

On this 2 day of July, 1946, before me appears Chas. R. Marley, who, upon His oath, states that the original record of ~~birth~~ <sup>death</sup> for Dora E. Swinford <sup>died</sup> ~~born~~ June 4, 1946, in the State of Missouri, and which was filed at Caruthersville on 6-5-, 1946, should be corrected as follows:

Item No. 7 should read Sept. 23, 1873

Instead of Unknown

Item No. 8 should read 73 Years 8 Months 12 days.

Instead of About 81.

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant C. R. Marley Son-in-law Relationship.

109 E. 14th St. Caruthersville, Mo.  
Present Address.

Subscribed and sworn to before me this 2 day of July, 1946

My Commission expires ..... Ed Hoffman Notary Public.  
County Clerk

21039