S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 11 1946

State File No. 29819

Registration District No. 61 Primary Registration District No. 4187 Registrar's No. 39

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El-Dorado Spgs Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 611 N Main 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 41 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town El-Dorado Spgs 1
(If outside city or town limits, write "RURAL")
(d) Street No. 611 North Main 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME A. J. SWINGLE

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mandy
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Dec 8 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Cedar Co (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....

FATHER
12. Name Andrew J. Swingle 0
13. Birthplace Mat Kinney 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Adaline Ring 1
15. Birthplace ..... Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mandy Swingle
(b) Address 611 N. Main
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/46
(Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Nafus Funeral Home
(b) Address El-Dorado Spgs
19. (a) 9/20/46 (Date received local registrar) (b) J. C. Brannan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1946 hour 9 15 minute 0 M.
21. I hereby certify that I attended the deceased from Sept 11, 1946 to Sept 16, 1946
that I last saw him alive on Sept 16, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Duration Sept 11-16-1946	
Due to Cardiac Asthma	
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? .....
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature B Mumford (M. D. ~~or other~~)
Address El Dorado Spgs Date signed Sept 20 1946

(Licensed Embalmer's Statement on Reverse Side)

RECEIVE[illegible]
D[illegible] [illegible]r No. 7,
Distri[illegible] 9-46-1044
Date Filed 10-10-46

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 George W. Nafus

Licensed Embalmer No. 2752

P. O. Address El-Dorado Spgs

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.