

No. 2
M-5-43
7-5-17-39
I X36671

FILED OCT 17 1946

Registration District No. **16** Primary Registration District No. **4063**

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

1. PLACE OF DEATH

(a) County Caldwell

(b) City or town Hamilton
(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

In this community 78 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Monroe Swindler

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1946 hour 7: minute 15 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Fannie B Mathews

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June 13 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 30 1946 to Oct. 2 1946
that I last saw him alive on Oct. 1 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 3 Days 19

If less than one day hr. min.

Immediate cause of death Valvular heart disease 5yr.

Due to 2 Chronic Myocarditis - - 5yr.

Due to

9. Birthplace Caldwell Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business Stock raising

12. Name Joseph Swindler

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

14. Maiden name Helina Lyter

15. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:

Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant George Swindler

(b) Address Hamilton Mo

17. (a) Burial (b) Date thereof Oct 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopwood Cem. Caldwell Co, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

Where did injury occur? (City or town) (County) (State)

Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury

18. (a) Signature of funeral director

(b) Address Hamilton Mo

19. (a) Oct. 9 1946 (b) Gladys Jones
(Date received local registrar) (Registrar's signature)

23. Signature J. W. D. Long (M. D. or other) MD

Address Hamilton Mo. Date signed 10/9/46

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. C. Gram

Licensed Embalmer No.

3052

P. O. Address

Hamilton 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.