S. No. 2
M—8-43
. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34370

Primary Registration District No. 5930

Registrar's No. 415

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Hughesville R 1
(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 ..... (Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis 80

(c) City or town Hughesville Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. RFD #1 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Margaret D. Swope

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 Married

6. (b) Name of husband or wife H. T. Swope

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased 6 (Month) 1 (Day) 1865 (Year)

8. AGE: Years 81 Months 4 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Bellefountain (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Wm Burscoter
13. Birthplace ..... (City, town, or county) Ind (State or foreign country) 1

MOTHER
14. Maiden name Christine Stevens
15. Birthplace ..... (City, town, or county) Ind (State or foreign country) 1

16. (a) Informant Mrs Clarence Anderson
(b) Address Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hermand

18. (a) Signature of funeral director Geo Drennard
(b) Address Sedalia

19. (a) 10/30/46 (Date received by local registrar) (b) Betty Yeager (Registrar's signature) Deputy

251

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1946 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 1st 1946, to Oct 28 1946 that I last saw her alive on recent date 1946 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Myocardial degeneration Chronic Cystitis

Due to Senility

Due to .....

Other conditions (Include pregnancy within 3 months of death) 78

Major findings:
Of operations 12

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 N. T. Bishop M.D. (M. D. or ~~other~~)

Address Sedalia Mo Date signed 10-30-46

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 11-9-46

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 L. F. Parker

Licensed Embalmer No. 3840

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.