

Registration District No. **42**

Primary Registration District No. **5131**

**1. PLACE OF DEATH:**  
(a) County Buchanan  
(b) City or town Rural, Tremont Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R. R. #1, Easton, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
Life (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Buchanan  
(c) City or town Rural, Tremont Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. R. #1, Easton, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** George W. Switzer

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cora Switzer 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased August 10 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>3</u>	<u>4</u>	_____ hr. _____ min.

9. Birthplace Easton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John L. Switzer

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

14. Maiden name Anna Barbara Goetz

15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Switzer

(b) Address R.R. #1, Easton, Mo.

17. (a) Burial (b) Date thereof 11/16/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blakely Cemetery

18. (a) Signature of funeral director Heater, B. Job + Bowman  
(b) Address St. Joseph, Mo.

19. (a) NOV. 20, 1946 (b) Joyce Mann Deputy  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month Nov. day 14  
year 1946 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 1st 1946 to Nov. 11th 1946  
that I last saw him alive on Nov. 14 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration 18 hrs

Due to Chronic Myocarditis

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 93D  
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 CR Dan Linder (M. D. or other) 0  
Address Stewartsville, Mo. Date signed 11/16/46

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

MOTHER FATHER

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

Signed *Raymond H. Morehead*  
Licensed Embalmer No. *4413 A*  
P. O. Address *319 So 10th St Joseph,*

**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.**