

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43635

State File No. _____

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 431

1. PLACE OF DEATH:

(a) County St. Francis

(b) City or town Flat River mo
(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 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francis

(c) City or town Flat River mo 94
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 5

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Queen Victoria Swofford

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, 28 day, 1946 year, 12 hour, 12 minute, P M.

21. I hereby certify that I attended the deceased from Nov. 28 1946 to Dec. 28 1946 and that I last saw her alive on Dec. 28 1946 and that death occurred on the date and hour stated above.

4. Sex F / race W

5. Color or race W

6. (a) Name of husband or wife neally Swofford

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

7. Birth date of deceased Feb 15 1869
(Month) (Day) (Year)

Immediate cause of death Terminal Pneumonia Duration 1 day
Cardiac Distention & Hypertension 1-3 years

Due to Hypertension

Due to _____

8. AGE: Years Months Days If less than one day

77 10 15 hr. _____ min.

9. Birthplace Annapolis mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lucian Charlton

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

14. Maiden name Mary Woodlawn

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

16. (a) Informant neally Swofford

(b) Address Flat River mo

17. (a) Burial (b) Date thereof 12-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Baldwell mo

(b) Address Flat River mo

19. (a) 1-8-47 (b) Ether Kudloff
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 95

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) _____ Means of injury 0

23. Signature H. T. Shephard (M. D. or other) _____
Address Flat River, Mo. Date signed 1-2-47

249

RECEIVED

Health Officer No. 4

147-144

1-27-47

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 W. A. Baldwin
Licensed Embalmer No. 3317
P. O. Address Flat River

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,