

S. No. 2  
4-8-43  
5-17-39  
PI X37823

2081

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 5 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 285

Primary Registration District No. 5977

Registrar's No. ....

**1. PLACE OF DEATH:**

(a) County Polk

(b) City or town "Rural" Union Twp.  
(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 years, months or days)

**3. (a) PRINT FULL NAME** Lewis Edgar Swigert

3. (b) If veteran, name war none

3. (c) Social Security No. ....

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife. ....

6. (c) Age of husband or wife if alive 1 years 1908

7. Birth date of deceased August (Month) 1 (Day) 1908 (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>38</u>	<u>5</u>	<u>27</u>	.....hr. ....min.

9. Birthplace Dallas County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business farm

**MOTHER FATHER**

12. Name Joe Swigert

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

14. Maiden name Rena Needham

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

16. (a) Informant Joe Swigert

(b) Address Bolivar, Mo.

17. (a) burial (b) Date thereof Jan. 30, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Gilead Cemetery

18. (c) Signature of funeral director Turpin Funeral Home

(b) Address Bolivar, Mo.

19. (a) Feb. 4, 1947 (b) Lillis Frieze  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Polk

(c) City or town "Rural" Union Twp.  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country. ....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 28  
year 1947 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Jan 20 47 to Jan 20 47 that I last saw him alive on Jan 20 47 and that death occurred on the date and hour stated above.

Immediate cause of death Probably Heart Attack

Due to Saint Vitus Dance of long duration

Due to .....

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

Major findings: S7A

Of operations .....

Of autopsy .....

Duration

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) (e) Means of injury 0

23. Signature J. W. Barber MD (M. D. or other) 0

Address Walnut Grove, Mo. Date 1/30/47

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

2101

(Licensed Embalmer's Statement on Reverse Side)

DATE FILLED  
L-1-8-72  
OFFICE OF THE  
COMMISSIONER OF HEALTH  
STATE OF MISSOURI

**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 *Ronald H. Griffin*

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.**