

No. 2  
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5-17-39  
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8339

State File No. \_\_\_\_\_

FILED APR 8 1947  
Registration District No. 76

Primary Registration District No. 5301

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Clinton Co

(b) City or town 1 mile East of Cannon Highway #56  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no  
(Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

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

(d) Street No. 1 mile East of Cannon Highway #56  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Samuel Levi Swigart

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 22 year 1947 hour \_\_\_\_\_ minute 9:40 A.M.

4. Sex Male 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Nov 4 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10 1946, to March 22 1947  
that I last saw him alive on March 22 1947  
and that death occurred on the date and hour stated above.

Duration \_\_\_\_\_

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

76 4 14 hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Coronary Occlusion

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

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

9. Birthplace Callwell Co MO  
(City, town, or county) (State or foreign country)

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Adams Swigart

13. Birthplace Swier Co MO  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Unknown

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant O. G. Swigart

(b) Address Cameron

17. (a) Burial (b) Date thereof Mar 24 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Egyptian cem.

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? \_\_\_\_\_

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron

19. (a) 3-24-47 (b) Mrs Willie Jones  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

23. Signature M. J. ...

Address Cameron Mo Date signed Mar 23/47

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

66

APR 16 1947

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..... *W. J. Nelson* .....

Licensed Embalmer No. .... *4421* .....

P. O. Address..... *Cameron* .....

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.