S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10050

State File No.

Registration District No. 217 Primary Registration District No. 4329 Registrar's No. 39

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Wyatt
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community All of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67

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

(d) Street No. None
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Marshall Swank

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Fannie Norris Swank

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased September (Month) 2, (Day) 1884 (Year)

8. AGE: Years 62 Months 6 Days 9 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name James Silas Swank
13. Birthplace Mississippi Co. (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Rachel Rush
15. Birthplace Mississippi Co., (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Mrs. Fannie Swank
(b) Address Wyatt, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-1947 (Month) (Day) (Year)
(c) Place: burial or cremation I. O. O. F. Cemetery Charleston, Missouri.

18. (a) Signature of funeral director John F. Kennebec Jr.
(b) Address Charleston, Missouri.

19. (a) 4-3-47 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th year 1947 hour 9:00 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 19, 1946 to Mar. 11, 1947 that I last saw him alive on March 10, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach	3 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46 B

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 T. P. Fenton (M. D. or other)

Address Wyatt, Mo. Date signed 3-25-47

196 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 447-497
Date Filed 4-8-47

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 Edward E. Nunnelee

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.