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5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14580**

FILED MAY 13 1947

Registration District No. **290**

Primary Registration District No. **428**

Registrar's No. **53**

1. PLACE OF DEATH:

(a) County **Pulaski**

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

(c) Name of hospital or institution: **1**  
(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, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Pulaski 85**

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

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

3. (a) PRINT FULL NAME **Lucyeta Sweaga**

3. (b) If veteran, name war \_\_\_\_\_

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17th**  
year **1947**, hour **9** minute **15** a.m.

21. I hereby certify that I attended the deceased from **Mar 19, 1947**  
to **Apr 17, 1947**  
that I last saw her alive on **Apr 15, 1947**  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white**

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

6. (b) Name of husband or wife **William Sweaga**

6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased: **Dec 14 1862**  
(Month) (Day) (Year)

Immediate cause of death: **Arterio Sclerotic Heart Disease**

**Bronchopneumonia**

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

Duration **ch**

**3 wks**

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

**84 4 3-** hr. min.

9. Birthplace **Denue Ind 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

12. Name **Smith Shaffer**

13. Birthplace **Denue Ind 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Marian Shaffer**

15. Birthplace **Ind 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **William Sweaga**

(b) Address **Richland Mo**

17. (a) **Burial** (b) Date thereof **4/29/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Lawn**

18. (a) Signature of funeral director **R. J. Teeple**

(b) Address **Richland Mo**

19. (a) **5/6/47** (b) **Thomas B. Buchthaps**  
(Date received local registrar) (Registrar's signature)

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

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

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) (c) Manner of injury \_\_\_\_\_

23. Signature **W. H. ...** (M. D. or nurse)

Address **Richland Mo** Date signed **29/47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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**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.....

*Arthur E. Bunch*....., Registered Apprentice No. *481*  
working under my personal supervision.

Signed.....  
*R. B. Cooper*

Licensed Embalmer No. *3198*

P. O. Address.....  
*Richland*

**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.**