

Registration District No. 5

Primary Registration District No. 4016

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Atchison
 (b) City or town Jarvis
 (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 50 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
 (c) City or town Jarvis
 (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 FANNIE AGNES TROXEL

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced unmarried
 6. (b) Name of husband or wife C. N. Troxel 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 25 1871
 (Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Nathan V. Swift
 13. Birthplace Springfield Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Serena Hoover
 15. Birthplace Clayton Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Grace Graham
 (b) Address Jarvis Mo.

17. (a) Burial (b) Date thereof May-26-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jarvis Home Cemetery

18. (a) Signature of funeral director J. M. Lewis
 (b) Address Jarvis, Mo.

19. (a) 5-25-47 (b) Mrs. W. Cunningham
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
 year 1947 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 10
9 1947 to May 24 1947
 that I last saw him alive on Apr 15 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 yrs
 Duration _____

Due to _____

Due to _____

Other conditions Fractured hip 5 yrs
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy see 2A
 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 _____

23. Signature O. W. Vaughn (M. D. or other) _____
 Address Jarvis Mo. Date signed 5-24-47

**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..... *Frank A. Brown*

Licensed Embalmer No. *3338*

P. O. Address..... *Jarvis 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.