S. No. 2
M—1/47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 30 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23743

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 165

26
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Cole Co
(b) City or town Jefferson City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Wk (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 26
(a) State Missouri (b) County Cole
(c) City or town Centertown, Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles S. Swearingen
3. (b) If veteran, name war No
3. (c) Social Security No. 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 years
7. Birth date of deceased Dec (Month) 17 (Day) 1866 (Year)

8. AGE: Years 80 Months 6 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name William Swearingen
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Elizabeth Cross
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Archie Higgins
(b) Address Centertown, Mo. Rt.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24/47 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope Cemt.
18. (a) Signature of funeral director Carl Bowlin Funeral Home
(b) Address California, Mo.
19. (a) 7-23-47 (Date received local registrar) (b) R. P. Darris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1947 hour 4 minute A M.
21. I hereby certify that I attended the deceased from July 15 1947 to July 23 1947 that I last saw him alive on July 22 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive cardio vascular disease. Duration: years
Due to
Due to
Other conditions (Include pregnancy within 3 months of death): Gangrene rt leg, arteriosclerotic
Major findings: Of operations: Amputation rt leg (upper thigh)
Of autopsy

PHYSICIAN
Underline the cause of 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 Leon A Taylor (M. D. or other)
Address Jefferson City 56 Date signed 7-23-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7/29/47

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 me

..... Registered Apprentice No.....

working under my personal supervision.

Signed Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address California, 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.