

Bureau of the Census
FILED SEP 8 1947

Registration District No. 144

Primary Registration District No. 5562

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Arcadia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Star Route
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Arcadia (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 11 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Anna Swaringam

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

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased November 17 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 20 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Wesley Alexander Middleton

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

14. Maiden name Mary Jane Brimm

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

16. (a) Informant Mrs Alfred Swaringam

(b) Address Arcadia Missouri Star R. Buria 1

17. (a) Burial (b) Date thereof 7/8/47
(Burial, cremation, or removal) (Day) (Year)

(c) Place: burial or cremation Glover cemetery

18. (a) Signature of funeral director Ben P. Bull

(b) Address Drouton, Missouri

19. (a) 9-1-47 (b) Ben Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 7 year 1947 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from June 13 1946 to July 7 1947 that I last saw her alive on June 13 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 10 min.

Due to Arterio sclerosis, general Arterial hypertension

Due to.....

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?.....
(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 Ben M. Bull (M. D. or other) M.D.
Address Drouton, Mo. Date signed 7-9-47

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

MOTHER FATHER

REIVED

let Health Officer No. 4

or File Number 947-1137

Date Filed 9-6-47

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.....

Not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed Lee P. Leukel

Licensed Embalmer No. 3475

P. O. Address Greentown, 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.