

1. PLACE OF DEATH:

(a) County Nodaway  
 (b) City or town Maryville, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Landfather's Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)  
 In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74  
 (c) City or town Maryville 1  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 221 West 3rd. 2  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country No

3. (a) PRINT FULL NAME ELLA SAUNDERS SWINFORD  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st  
 year 1947 hour 10 minute 20 P. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife O.W. Swinford (Deceased)  
 6. (c) Age of husband or wife if alive 73 years  
 7. Birth date of deceased November 25, 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 13, 1944, to AUG 21, 1947;  
 that I last saw her alive on AUG. 21, 1947;  
 and that death occurred on the date and hour stated above.

Immediate cause of death FRACTURE NECK OF LEFT FEMUR  
 Duration 8 DAYS

8. AGE: Years 87 Months 8 Days 26  
 If less than one day: hr. min.

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

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

Other conditions MYOCARDITIS 3 YRS  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: 144 A  
 Of operations \_\_\_\_\_

11. Industry or business None

Of autopsy 15  
 Underline the cause to which death should be charged statistically.

12. Name William Saunders

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

14. Maiden name Ellen Simms

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

16. (a) Informant Paul Swinford

(b) Address Maryville, Mo.

17. (a) Burial (b) Date thereof 8-25-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Paul Swinford  
 (b) Address 120 East 1st, Maryville, Mo.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident 74  
 (b) Date of occurrence AUG 13, 1947

(c) Where did injury occur? MARYVILLE, MO.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
FELL IN HOME  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury 2

19. (a) 8-22-47 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

23. Signature W.L. Landfather or other NO.  
 Address MARYVILLE MO. Date signed 8-22-47

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

4  
1  
2

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clara M. Price

Licensed Embalmer No. 1822

P. O. Address Mayville, 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.**