

No. 2
DM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28571
Registrar's No. 257

FILED AUG 26 1947
274

Registration District No. 2 Primary Registration District No. 3052

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 29 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 512 W. Adury
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS HOWARD SWEARINGEN
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July 27th, 1947.
year _____ hour 9.45 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from over 10 yrs
_____ 19 _____ to July 27th, 1947
_____ 19 _____
that I last saw him alive on July 27th, 1947, 19 _____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Isabelle 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March 9 1852
(Month) (Day) (Year)

Immediate cause of death _____
Chronic Myocarditis.
Chronic Bronchitis.
Due to _____

8. AGE: Years Months Days If less than one day
95 4 18 hr. _____ min. _____

Senility.
Due to _____
Diabetes.
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Platte Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Minister

None other.
Major findings:
Of operations None.
Of autopsy None.
Duration
10yrs
Same
10yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name John Swearingen
13. Birthplace Howard Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Milva Hodges
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Milva Swearingen
(b) Address 512 W. Adury Sedalia Mo
17. (a) Burial (b) Date thereof 7-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo
19. (a) 7-29-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None.
(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 Inc. B. Carlisle, M.D. (M. D. or other) _____
Address Sedalia, Mo. Date signed 7-29-47

(Licensed Embalmer's Statement on Reverse Side)
251

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

70
6
4

RECEIVED

District Health Officer No. 8,
District File Number _____

Date Filed 8-25-47

AUG 28 1947

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 K.P.M. Cray
Licensed Embalmer No. 3153
P. O. Address Salatia 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.