

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42677

Registration District No. 272

Primary Registration District No. 5999

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Madisonville R.R.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Lora Bell Swan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married? Widowed

6. (b) Name of husband or wife Frank H.

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

7. Birth date of deceased February 19, 1894
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace New Canton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Martin (Pete) Brown

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

14. Maiden name Louise Buchanan

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

16. (a) Informant Mrs. N. H. Booth

(b) Address Hannibal Missouri

17. (a) Burial (b) Date thereof 7/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director W. C. Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 1-7-1948 (b) Clyde Wilsey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Madisonville
(If outside city or town limits, write "RURAL")
(d) Street No. R R # 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1947 hour 2 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from June 26
1947, to July 20, 1947;
that I last saw her alive on July 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Acute Duration 14 days

Due to 9. A known

Due to unknown

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none 93A

Of autopsy none

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? no (Specify type of place) (e) Means of injury 20

23. Signature C. H. Brooks (M. D. or other) DO.

Address Center, Mo. Date signed 7-20-47

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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.....
.....Lyman D. Steele....., Registered Apprentice No.460.....
working under my personal supervision.

Signed.....

W. Crawford Smith

Licensed Embalmer No.3814.....

P. O. Address.....Hannibal Missouri.....

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.