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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

925

State File No. 7

Registration District No. 738

Primary Registration District No. 4219

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Hickory

(b) City or town: Weaubleau
(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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory

(c) City or town Weaubleau
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Theodore T. Swicegood

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1948 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from 12-25-47
_____, 19____, to Jan 2, 1948
that I last saw him alive on Jan 1, 1948
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 married

6. (b) Name of husband or wife Cora Swicegood 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 22 1875
(Month) (Day) (Year)

Immediate cause of death chronic myocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

74 5 11 hr. _____ min.

9. Birthplace Hickory Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Marion J. Swicegood

13. Birthplace Wenonah N.C.
(City, town, or county) (State or foreign country)

14. Maiden name Christina Gibbs

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Paul Woodford

(b) Address Weaubleau Mo.

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? _____

17. (a) Burial (b) Date thereof Jan. 5-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Criteinger Cemetery

18. (a) Signature of funeral director E. W. Himm

(b) Address Humansville Mo.

While at work? _____ (Specify type of place) (c) Means of injury 2

19. (a) Jan 12-48 (b) W. O. Hargiss
(Date received local registrar) (Registrar's signature)

23. Signature D. E. D. Brown (M.D. or other) Do.
Address Callins Mo. Date signed 1-5-48

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

13
0
0

RECEIVED

District Health Officer No. 7,

District File Number 12-47-3062

Date Filed 1-21-48

JUN 18 1957

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 E. H. Pimm

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.