

FILED MAR 1 1948  
1982

Primary Registration District No. 4298

State File No.

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Linneus  
(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 Clarence Elmo Swinney

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

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased April 25 1874  
(Month) (Day) (Year)

8. AGE: 73 Years 9 Months 16 Days  
If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER {  
12. Name James H. Swinney  
13. Birthplace xxxx Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Laura Howe  
15. Birthplace xxxx Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant H. W. Jaggard

(b) Address Linneus, Missouri

17. (a) Burial (b) Date thereof 2/12/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Thorne Updt. Co.

(b) Address Linneus, Mo. (H. W. Jaggard)

19. (a) FEB 17, 1948 Mrs. Bessie Kelley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Linneus  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 11th  
year 1948 hour 12:45 minute a. M.

21. I hereby certify that I attended the deceased from Feb 11 1948 to Feb 11 1948  
that I last saw him alive on Feb 8 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary occlusion with infarction  
Due to arteriosclerosis  
Duration 17 Days

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?  
(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) (c) Means of injury

23. Signature John R. Dyer (M. D. or other)  
Address Brookfield, Mo 2/12/1948

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DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 David A. Taylor

Licensed Embalmer No. 3961

P. O. Address Linn, 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.