

S. No. 2
M-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9771

Registrar's No. 36

Registration District No. 282

Primary Registration District No. 3055

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

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Bolivar
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Bolivar 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 1

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Thomas Swigert

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 14
year 1948 hour 6 minute 15 P. M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife May Swigert

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: Jan. 9 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 2 to Mar 14, 1948.

that I last saw him alive on Mar. 12 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>2</u>	<u>5</u>	hr. _____ min.

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

Immediate cause of death Hypostatic pneumonia

Due to General debilitation

Due to Gangrene (rt. foot)

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name John Swigert

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

14. Maiden name Martha Belt

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

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.

16. (a) Informant Henry Swigert

(b) Address Aldrich, Mo.

17. (a) burial (b) Date thereof Mar. 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Camp Ground

18. (a) Signature of funeral director Turpin Funeral Home

(b) Address Bolivar, Mo.

19. (a) Mar. 23, 1948 (b) Ralph Gordon
(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) _____

(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 W. Barnett (M. D. or other) M.D.

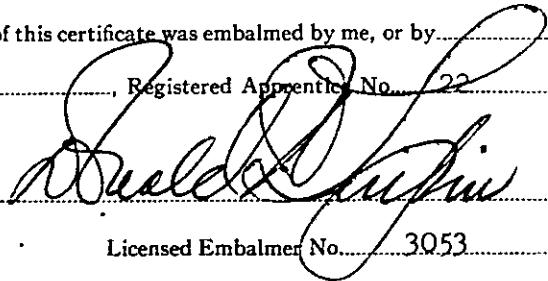
Address Bolivar, Mo. Date signed 15 Mar 48

REC...
District Health Officer No. 7,
District File Number 2-48-325
Date Filed 3-30-48

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.....

.....Charles F. Fox..... Registered Apprentice No. 22
working under my personal supervision.

Signed..........

Licensed Embalmer No. 3053

P. O. Address.....Bolivar, 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.