

Registration District No. 360

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada 118
(If outside city or town limits, write "RURAL")
(d) Street No. 318 N. Elizabeth
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Rosa I. Swagerty

3. (b) If veteran, name war ✓
3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1948 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from
Mar 11, 1948 to June 3, 1948.
that I last saw her alive on June 2, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis

Duration
Several months

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (c) Age of husband or wife if alive 1 years 1883
7. Birth date of deceased: Feb 7 1883
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 27
If less than one day hr. min.

Due to ✓
Due to _____

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

Other conditions: Arthritis Deformans
(Include pregnancy within 3 months of death)

10. Usual occupation Flame Keeper

Major findings:
Of operations none

11. Industry or business _____

12. Name Stewart C. Edward

Of autopsy none

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

14. Maiden name Emma Shaw

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

16. (a) Informant Dorothy Burkinber
(b) Address Nevada Mo

17. (a) Burial (b) Date thereof June 3 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Derfield Cemetery

18. (a) Signature of funeral director Agnes [Signature]
(b) Address Nevada Mo

19. (a) 6-12-48 (b) Nathyn [Signature]
(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)
(c) Means of injury _____

23. Signature W. [Signature] (M. D. or other) MD

Address Nevada Mo Date signed 6-11-48

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

AUG 20 1948
FEB 23 1949

REC'D
District Health Officer N
District File Number 5-48-6
Date Filed 6-19-

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.....

Bert B. Bennett Registered Apprentice No. 83

working under my personal supervision.

Signed Allen J. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.