

FILED SEP 13 1948
Registration District No. _____

Primary Registration District No. **53793 5473**

Registrar's No. **129**

1. PLACE OF DEATH:

(a) County **Franklin**

(b) City or town **JACKSON**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **RFD # 3, TRENTON, MO**
(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 **22 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn**

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

(d) Street No. **RFD # 3, Trenton**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Belknap Smith Swank**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **29** year **1948** hour **4:20** minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ that I last saw him **live on Aug 29** 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 **Lena Swank** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **Nov 3, 1870**
(Month) (Day) (Year)

Immediate cause of death **Cerebral occlusion**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

8. AGE: Years **77** Months **9** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **Linn Co. MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business **farm**

12. Name **JACOB SWANK**

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

14. Maiden name **Rebecca M. Cherry**

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

16. (a) Informant **Mrs Wade Brittain**

(b) Address **Shelton MO**

17. (a) **buried** (b) Date thereof **Aug 31, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **1507 Trenton MO**

18. (a) Signature of funeral director **Raymond A. Brown**

(b) Address **Shelton MO**

19. (a) **8/31/48** (b) **Orene Davis**
(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? _____ (Specify type of place)

While at work _____ (a) Means of injury **falling**

23. Signature **Raymond A. Brown** (M.D. or other) **Colombia MO**

Address **Shelton MO** Date signed **8-30-48**

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

MOTHER FATHER

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. *myself*

Signed *Walter E. Meyer*
.....
Licensed Embalmer No. *44910*
.....
P. O. Address *Trenton, 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.