No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28687

FILED SEP 8 1948

Registration District No. 860 — Primary Registration District No. 6225 — Registrar's No. 119

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

1. PLACE OF DEATH

(a) County Vernon

(b) City or town Rural Wash twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Peale Hospital #32
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 m 10 mo 7 dy (Specify whether)

In this community 7 years 10 months 7 dy
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108

(c) City or town Nevada 5
(If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME MAUD ELLEN-VAN SWEARINGEN

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

4. Sex 9 1 — 5. Color or race W — 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased 10 - 3 - 1881 (Month) (Day) (Year)

8. AGE: Years 66 — Months 10 — Days 1 da — If less than one day 66-10-1 hr. min.

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

10. Usual occupation Housework

11. Industry or business ✓

FATHER
12. Name A. E. Snider
13. Birthplace Monroe Co (City, town, or county) Mo U (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Narcissa Young (City, town, or county) (State or foreign country)

16. (a) Informant Monroe Co Mo U
(b) Address Hospital Record

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Moore Cemetery

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada Missouri

19. (a) 8-28-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 371

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1948 hour 1 minute 05 P. M.

21. I hereby certify that I attended the deceased from 1-1-, 1946, to 8-24-, 1948; that I last saw her alive on 8-24, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lueic Meningoencephalitis	
Due to	
Due to Lues	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓ 30B	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. G. Hall Mo (M. D. or other)
Address Nevada Mo Date signed 8/24/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-48-1013
Date Filed 9-27-48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1760

P. O. Address Nevada, Mo

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, above space should be left blank.