

FILED OCT 13 1948

Registration District No. _____

Primary Registration District No. 5973

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Polk
(b) City or town "Rural" Jefferson Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Polk **84**
(c) City or town "Rural" **D**
(If outside city or town limits, write "RURAL")
(d) Street No. near Rondo (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1948 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from Oct 20, 1948, to Sept 30, 1948.
that I last saw her alive on Sept 30, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Vascular Disease -
Due to Coronary Vascular Disease -
Due to _____

Duration

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) (e) Means of injury D

23. Signature E. D. Smith (M. D. _____)
Address Polk Mo Date signed Oct 4/48

3. (a) PRINT FULL NAME Dorothy Caroline Swingle

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

4. Sex female / 5. Color or race white / 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harrison W. Swingle 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Oct. 12 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 18 hr. min.

9. Birthplace St. Clair County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER, FATHER { 12. Name Josiah Conn
13. Birthplace Dallas County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Hendrex
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Harrison W. Swingle
(b) Address Bolivar, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 3, 1948
(Month) (Day) (Year)
(c) Place: burial or cremation Rondo Cemetery

18. (a) Signature of funeral director Turpin Funeral Home
(b) Address Bolivar, Mo.

19. (a) Oct. 7, 1948 (b) Ralph Gardner
(Data received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 7,
District File Number 9-48-1174
Date Filed 10-11-48

JUL 23 1954

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 Frederick L. ...

Licensed Embalmer No. 3053

P. O. Address Belivar, 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.