S. No. 300
M—10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 13 1948
Registration District No. 2 11

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30696

Primary Registration District No. 3056

Registrar's No.

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 312 Wisdom
(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 Randolph 88

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

(d) Street No. 312 Wisdom
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Margaret S. May

3. (b) If veteran, name war ✓

3. (c) Social Security No. 491-07-0998

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased March (Month) 26 (Day) 1879 (Year)

8. AGE: Years 69 Months 6 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business Brown Shoe Co

FATHER
12. Name William Swearengen
13. Birthplace ..... (City, town, or county) Nodata (State or foreign country)

MOTHER
14. Maiden name Barbara Payne
15. Birthplace ..... (City, town, or county) Nodata (State or foreign country)

16. (a) Informant Cecil May

(b) Address Moberly, Mo

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

(c) Place: burial or cremation Near Milan, Mo

18. (a) Signature of funeral director Malian and Son

(b) Address Moberly, Mo

19. (a) Oct 3-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st year 1948 hour 11 minute 55 a.M.

21. I hereby certify that I attended the deceased from Jan 1, 1948, to Oct 1, 1948, that I last saw her alive on Sept 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis instant	
Due to myocarditis ch	1 yr
Due to	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature H C Griffith (M. D. or other)

Address Moberly Date signed 10/1/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-48-
OCT 11 1948
Date Filed

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 Frank L. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.