37671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 134

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Waynesville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Waynesville General Hosp 5 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6½ Hrs (Specify whether
In this community 6½ Hrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Crawford 28
(c) City or town Cuba, 1 (If outside city or town limits, write "RURAL")
(d) Street No. — 0 (If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 1
If yes, name country —

3. (a) PRINT* FULL NAME WILLIAM FOWLER SWETT Baby Swett
3. (b) If veteran, name war No
3. (c) Social Security No. No.
4. Sex M. O
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec (Month) 8 (Day) 1948 (Year)

8. AGE: Years — Months — Days — If less than one day 6 hr. 30 min.

9. Birthplace Waynesville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Infant
11. Industry or business —

FATHER
12. Name Charles P. Swett
13. Birthplace Teaneck (City, town, or county) N.J. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Patricia Wissburg
15. Birthplace San Diego (City, town, or county) California (State or foreign country)

16. (a) Informant Charles P. Swett
(b) Address Cuba, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Kinder Cemetery
18. (a) Signature of funeral director Franklin Funeral Home
(b) Address Cuba, Mo.
19. (a) 12-10-48 (Date received local registrar) (b) Thelma C. Buckthorpe (Registrar's signature) 2-4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1948 hour 6 minute 45 P. M.
21. I hereby certify that I attended the deceased from ____, 19__ to ____, 19__; that I last saw him alive on Dec 8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart & atelectasis at birth
Due to Premature 7 mo.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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

157E

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 0
23. Signature [signature] (M. D. ~~or other~~)
Address [signature] Date signed 12-9-48

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Sign.....

Licensed Embalmer No. 3472

P. O. Address Cuba, Mo.

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

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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37671 Dec

Registration District No. 290 Primary Registration District No. 4427 Registrar's No.

1. PLACE OF DEATH:

(a) County Pulaski

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

(c) Name of hospital or institution: Waynesville General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6½ hrs (Specify whether years, months or days)

In this community 6½ hrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Crawford

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

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

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

If yes, name country

3. (a) PRINT FULL NAME William Fowler Swett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 12 (Month) 8 (Day) 1948

8. AGE: Years | Months | Days | If less than one day 30 min.

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

10. Usual occupation Baby

11. Industry or business

FATHER 12. Name Charles Palmer Swett

FATHER 13. Birthplace Teaneck, N.J. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Elizabeth Patricia

MOTHER 15. Birthplace San Diago (City, town, or county) Calif. (State or foreign country)

16. (a) Informant Charles Swett

(b) Address Cuba, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-8-48 (Month) (Day) (Year)

(c) Place: burial or cremation Kinder Cemetery

18. (a) Signature of funeral director Sharp Funeral Home

(b) Address Cuba, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1948 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from 12-8-48 12:05 A.M., 19..., to 12-8-48 6:55 P.M.; that I last saw him alive on 12-8-48, 19...; that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia

Due to premature

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [illegible] (M. D. ~~or other~~)

Address [illegible] Date signed 12-13-48

(Licensed Embalmer's Statement on Reverse Side)

SPECIMEN

S-37671

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. 3472

P. O. Address. Cuba, Mo.

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

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