

FILED FEB 8 1949

# STANDARD CERTIFICATE OF DEATH

State File No. ....

1079

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>		c. LENGTH OF STAY (in this place) <u>75 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>R#1 SHAWNEE TWP.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>609 E. LINCOLN ST.</u>				d. STREET ADDRESS (If rural, give location) <u>R#1 SHAWNEE TWP.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u> b. (Middle) <u>LEE</u> c. (Last) <u>SWART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 31, 1949</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCTOBER 18, 1869</u>		9. AGE (In years last birthday) <u>79</u>	10. MONTHS <u>3</u>	11. DAYS <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>HENRY COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>UNITED STATES</u>		
13a. FATHER'S NAME <u>WILLIAM HENRY MASTIN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HOWARD</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES THOMAS SWART</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Henry Swart</u> ADDRESS <u>Clinton Mo</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer - lymph nodes of L axilla.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>L. Liver</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>198A</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>9-29-</u> , 19 <u>48</u> , to <u>1-29-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-29-</u> , 19 <u>49</u> , and that death occurred at <u>1-31 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. J. Powell</u> (Degree or title) <u>Dr.</u>				23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>2/2/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEBRUARY 3, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CLINTON MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>Feb-2-49</u>	REGISTRAR'S SIGNATURE <u>R. R. Kenney</u>		120	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Causant</u>		ADDRESS <u>Clinton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 1-49-23

Date Filed 2-7-49

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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, ~~by~~

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*H. J. Vassant*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.