

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9295

BIRTH NO. REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence/before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MONROE CITY Monroe</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MONROE CITY Missouri</b>	
c. LENGTH OF STAY (in this place) <b>7 yrs</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>312 LOCUST STREET</b>		d. STREET ADDRESS (If rural, give location) <b>312 LOCUST ST.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUISA</b> b. (Middle) <b>AMELIA</b> c. (Last) <b>SWANN.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 17<sup>th</sup> 1949</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED.</b>	
8. DATE OF BIRTH <b>OCTOBER 7 1865</b>		9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>10</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>INDIANACOUNTY PEN A</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Joseph WENSEL</b>		13b. MOTHER'S MAIDEN NAME <b>MARY RICHTER</b>		14. NAME OF HUSBAND OR WIFE <b>James Swann</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Florence Lockett Monroe City Mo.</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 DAYS</b>	
		II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIO SCLEROSIS and HYPERTENSION.</b>		5 YEARS	
		DUE TO (c)			
		III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4500</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **MAR 7**, 19**49**, to **MAR 17**, 19**49**; that I last saw the deceased alive on **MAR 17**, 19**49**, and that death occurred at **11 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John H. Little M.D.</b>		23b. ADDRESS <b>Monroe Co. Mo</b>		23c. DATE SIGNED <b>Mar 18 1949</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>March 19<sup>th</sup> 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NOVELTY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KNOX COUNTY MISSOURI</b>	
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DATE REC'D BY LOCAL REG. <b>Mar 21, 1949</b>		REGISTRAR'S SIGNATURE <b>John Little</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WILSON &amp; SON'S MONROE CITY MO</b>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 3-49.54

Date Filed MAR-2-9-1949

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.....

Student Embalmer No. ....

working under my personal supervision.

Signed Charles V. Greening

Signed.....  
Student Embalmer

Licensed Embalmer No. 46251

P. O. Address 1. Monroe City

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.