

THE DIVISION OF HEALTH OF INDIANA
STANDARD CERTIFICATE OF DEATH

FILED OCT 14 1949

State File No. **31148**

BIRTH NO. _____ REG. DIST. NO. **229** PRIMARY REG. DIST. NO. **5809** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Indiana b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Danville Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vincennes	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1		d. STREET ADDRESS (If rural, give location) Unknown	

3. NAME OF DECEASED (Type or Print)	a. (First) Jesse	b. (Middle) James	c. (Last) Swanagan	4. DATE OF DEATH (Month) (Day) (Year) September 29 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH January 22, 1922	9. AGE (In years last birthday) 27	10. UNDER 1 YEAR Months 8	11. UNDER 1 YEAR Days 7	12. UNDER 1 YEAR Hours 0	13. UNDER 1 YEAR Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Emison, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jesse Swanagan	13b. MOTHER'S MAIDEN NAME Emma Rada	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. II	16. SOCIAL SECURITY NO. 312-22-4135	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Jack Bensoni, 904 North 6th Vincennes, Indiana
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEPATIC HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Traumatic injuries Received		6 1/2
	DUE TO (c) Wheeled Struck By AUTO		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Shock		2 1/2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway 40	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) DANVILLE - Montgomery MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 29 1949 8:20 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck By Passing Auto
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22. I hereby certify that I attended the deceased from **Sept 29, 1949**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clarence W. Linnert DDS Coronet	23b. ADDRESS Montgomery City Mo	23c. DATE SIGNED 30 Sept 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIED	24b. DATE October 3 1949	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Vincennes, Indiana
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DATE REC'D BY LOCAL REG. 10-3-49	REGISTRAR'S SIGNATURE James D. Helms	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Chandler Mortuary, Montgomery City, Mo
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OCT 17 1949

RECEIVED 10-12-49
District Health Officer No. 9,
District File Number

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed E. Boone Schlanke

Signed _____
Student Embalmer

Licensed Embalmer No. 4136

P. O. Address Montgomery 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.