

MAY 23 1941

STANDARD CERTIFICATE OF DEATH

15227

State File No.

Registration District No. 579

Primary Registration District No. 4341

Registrar's No.

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether years, months or days)
In this community XX

3. (a) PRINT FULL NAME

Margaret Ann Swartz

3. (b) If veteran, XX name war. 3. (c) Social Security No. XX

4. Sex Female race white divorced widowed
5. Color or 6. (a) Single, widowed, married
6. (b) Name of husband or wife W.C. Swartz 6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased Sept. 27 (Month) (Day) (Year) 1854

8. AGE: Years 86 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Monroe Co 8nty Mo (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Abraham Goodnight
13. Birthplace Monroe Co. Mo (City, town, or county) (State or foreign country)
14. Maiden name Susan Riley
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mable Adams
(b) Address 6601 1/2 W. 1st St. S.W.
17. (a) Sunset Hill (Burial, cremation, or removal) (b) Date thereof 4/26/1941 (Month) (Day) (Year)
(c) Place: burial or cremation Burial Hill
18. (a) Signature of funeral director Frank Thompson
(b) Address Madison Mo
19. (a) 4/25/41 (Date received local registrar) (b) Frank Thompson (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Madison
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 24 year 1941 hour 8 minute P M.

21. I hereby certify that I attended the deceased from May 20, 1936, to April 24, 1941; that I last saw her alive on March 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death uremia Duration 2 yrs.

Due to Chronic intestinal Nephritic ex. grs.

Due to

Other conditions (Include pregnancy within 3 months of death) 131a

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?

512 (Specify type of place) While at work? (e) Means of injury

23. Signature Frank Thompson (M.D. or other) 9
Address Madison Date signed 4/26/41

RECEIVED

District Health Officer No. 10

District File Number 5-41-1013

Date Filed MAY 20 1941

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

Leed G. Thompson

Licensed Embalmer No. 1420

P. O. Address Madison, 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.