

FILED JAN 9 1946

Registration District No. **73**

Primary Registration District No. **3014**

Registrar's No. **131**

1. PLACE OF DEATH:

(a) County **Liberty**
(b) City or town **Liberty**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **His Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **all his life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

CHARLEY SWADER

3. (b) If veteran, name war **none**

3. (c) Social Security No. **no**

4. Sex **Male** 2 5. Color or race **Negro**
6. (a) Name of husband or wife **Sarah Swader** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **June 15 1859** (Month) (Day) (Year)

8. AGE: Years **86** Months **6** Days **4** If less than one day hr. min.

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

10. Usual occupation **minister of the Gospel**

11. Industry or business

12. Name **Stephen Swader**
13. Birthplace **Liberty Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Martha**
15. Birthplace **Liberty Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Andrew Swader**
(b) Address **Liberty Mo.**

17. (a) **Buried** (b) Date thereof **Dec. 21-1945** (Month) (Day) (Year)
(c) Place: burial or cremation **Fairview Liberty Mo.**

18. (a) Signature of funeral director **Church - Archer Co.**
(b) Address **Liberty Mo.**

19. (a) **Dec. 21-1945** (b) **Minna Haynes** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Liberty**
(c) City or town **Liberty** (If outside city or town limits, write "RURAL")
(d) Street No. **North Main St 2** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month **December** day **19** year **1945** hour **7** minute **- A** M.

21. I hereby certify that I attended the deceased from **19** to **19**; that I last saw him alive on **about Sept 30, 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**

Due to **Senility**

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) **0**
(b) Date of occurrence **0**
(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?

While at work? (Specify type of place) (c) Means of injury **0**

23. Signature **Wm H. Jackson** (M. D. or other) **Liberty, Mo.** Address **Liberty, Mo.** Date signed **0**

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 1-8-46

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

Edgar Archer

Licensed Embalmer No.

3311

P. O. Address

Liberty, 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.