

REC'D MAY 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14963
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417
(b) Township Washburn Primary Registration District No. 3021 Registered No. 28
(c) City Webb City (d) Street No. 330 S. DALL. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 330 South Ball St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Swartz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 ✓ 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Registered Contractor
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Penn.

FATHER 13. NAME Copy Swartz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER 15. MAIDEN NAME Sophia Deibert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Widow Grace Swartz Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL Webb City Cemetery DATE April 2, 1938

19. FUNERAL DIRECTOR (ADDRESS) Wedge Wilson Webb City, Mo.

20. FILED APR. 23 1938 W. D. Schmitt Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1937, to April 1, 1938

I last saw him alive on April 1, 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Shock of coronary artery

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. D. Schmitt, M. D.

(Address) Webb City, Mo. 205 W. Washington

STATEMENT BY LICENSED EMBALMER

I,

E. O. Hedge

Licensed Embalmer No.

2859

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

E. O. Hedge

L. E.

No. or by

Registered Apprentice No.

2859

working under my personal supervision.

Signed

E. O. Hedge

Licensed Embalmer No.

2859

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.)